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ABSTRACT

Presented in the second of a two volume series are six workshop training kits for development of teacher skills to be used with learning disabled (LD) children. The first section of each kit contains a leader's guide which gives activity, objectives, teacher prerequisites, time required, materials needed, step-by-step procedures, a discussion guide, and an evaluation form. The second part of each kit (for the trainee) contains master copies of materials for the activity, worksheets, a content evaluation form, a workshop evaluation form, and supplementary information. Explained in the kits are the following workshop activities: a three part educational planning and decision making activity focusing on responsibility, placement, and programing; a learning disability planning priorities game requiring the diagnostic/prescriptive process; polar algebra, an activity which simulates a learning difficulty and provides an opportunity for selection of appropriate remediation; a competitive analogy game; an LD team card game involving diagnostic terms, symptomology, and remedial strategies; and an activity which requires simulation of three different forms of sensory deprivation for sensitization to needs of handicapped children. Approximately 180 bibliographical references on learning disabilities are given which include source and price for professional references, journals, idea books for teachers, and instructional materials. (For volume I, see EC 060 649). (MC)

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WORKSHOP TRAINING KIT

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
[illegible]

EDUCATIONAL PLANNING

PRIMARY AUTHOR

NANCY CARLSON

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EDUCATIONAL PLANNING
3 DECISIONS
--LEADER'S GUIDE--

OVERVIEW

This is a three part workshop activity that is designed to focus on three types of decisions involved in educational planning:

decisions that relate to educational responsibility
decisions that relate to educational placement
decisions that relate to educational programming

The activity asks the workshop participants to assume the roles of some of the key planners who may provide input for decisions involving children with learning and/or behavioral problems.

This in depth case study used over time can be used to facilitate understanding of the planning process and to develop skills in decision making and understanding of other viewpoints.

OBJECTIVES

Through the activity the participant will

--be exposed to alternate viewpoints from a variety of related professional and nonprofessional fields.

--be able to focus (by means of a concrete situation) on some of the behavioral problems that may be manifested in early or later adolescence.

--be encouraged to look at opposing (or alternative) solutions, opinions, etc. before reaching decisions.

--be able to interact with other participants in a problem-solving situation.

At the conclusion of the activity the participant will

--be able to participate in an educational planning session in a more knowledgeable way.

--be more aware of the time and effort involved in appropriately planning for individual needs.

--be able to list at least three children (in his own experience) for whom this type of educational planning would be appropriate.

PREREQUISITES

For the leader: Familiarity with the information presented in this kit. The leader does not have to be an "expert," but a knowledge of the educational planning process which involves many professional fields would be helpful. Tips in Discussion Guide should help provide the rest of the necessary information.

For the participants: Interest in (but not necessarily knowledge of) educational planning for children with learning and/or behavioral problems. The workshop activity runs equally well with regular and special education in-service teachers, regardless of their experience and training.

TIME NEEDED

The recommended time sequence is as follows:

Decision 1: (1st activity) one hour to one hour and 15 minutes
Decision 2: (2nd activity) 45 minutes to one hour
Decision 3: (3rd activity) one hour to one hour and 15 minutes

MATERIALS NEEDED

1. TO BE DUPLICATED:

All pages to be duplicated are marked "Duplicator Page # " in the upper right hand corner. Use the pages in this kit so marked as masters.

NOTE: Color coding has been found to be helpful in this activity. Suggested colors for various pages to be duplicated appear in parentheses.

A. Decision 1 - Educational Responsibility

Duplicate the following for the first activity.

ONE FOR EACH PERSON:

--Instruction Sheet (green)	Duplicator Page 1
--Individual Worksheet/ Notes (white)	Duplicator Page 11

ONE FOR EACH GROUP:

--Memo (blue)	Duplicator Page 2
--Information Sources (blue)	Duplicator Page 3

--Four roles: (white)	
Neuropsychiatric Clinic	Duplicator Pages 4-5
Psychologist	Duplicator Page 6
School Social Worker	Duplicator Pages 7-8
Classroom Teacher	Duplicator Pages 9-10
--Group Worksheets:	
Supportive Statements (white)	Duplicator Page 12
Cumulative Final Report (yellow)	Duplicator Page 13
--Feedback Sheet (pink)	Duplicator Page 14

B. Decision 2 - Educational Placement

Duplicate the following for the second activity.

ONE FOR EACH PERSON:

--Instruction Sheet (green)	Duplicator Page 1
--Individual Worksheet/ Notes (white)	Duplicator Page 11

ONE FOR EACH GROUP:

--Memo (blue)	Duplicator Page 15
--Information Sources (blue)	Duplicator Page 16
--Four roles: (white)	
School Social Worker	Duplicator Page 17
Foster Parents	Duplicator Page 18
Classroom Teacher	Duplicator Pages 19-21
Director of Special Education	Duplicator Page 22
--Group Worksheets:	
Supportive Statements (white)	Duplicator Page 23
Cumulative Final Report (yellow)	Duplicator Page 24
--Feedback Sheet	Duplicator Page 25

C. Decision 3 - Educational Programming

Duplicate the following for the third and final activity.

ONE FOR EACH PERSON:

--Instruction Sheet (green)	Duplicator Page 1
--Individual Worksheet/ Notes (white)	Duplicator Page 11
--Content Evaluation Form	Duplicator Page 34
--Workshop Evaluation Form	Duplicator Page 35

ONE FOR EACH GROUP:

--Memo (blue)	Duplicator Page 26
--Information Sources (blue)	Duplicator Page 27
--Four roles: (white)	
General Physician	Duplicator Page 28
Classroom Teacher	Duplicator Page 29
Foster Father	Duplicator Page 30
Learning Specialist	Duplicator Page 31
--Group Worksheet	
Cumulative Final Report (yellow)	Duplicator Pages 32-33

2. OTHER MATERIALS:

In addition to the above pages to be duplicated, the following materials are necessary.

--Transparencies:	
to organize each activity	Transparency Page 4
to lead first discussion	Transparency Page 1
to lead second discussion	Transparency Page 2
to lead third discussion	Transparency Page 3
blank - for listing in final discussion	
--envelopes for individual roles	
--overhead projector	

PHYSICAL ARRANGEMENTS NEEDED

Tables and chairs sufficient for four persons per group to interact and for each person to have writing space. Small tables with only four persons per table work best.

PROCEDURE

This entire activity is designed to be done over time. That will usually mean three different workshop sessions with the same group of people. The procedure for each session follows the same format:

1. Plan a brief introduction stating that the three sessions have to do with educational planning. Within that framework, however, session one deals with educational responsibility, session two deals with educational placement, and session three deals with educational programming. Make sure the participants understand that it is a role play activity, and their task is to represent the person whose role they have chosen. (Pre-test can be administered prior to beginning the series of workshops, post test at the end of the third workshop.)

2. Activity itself

   a. Hand out an Instruction Sheet to each person.

   Phase I b. Put Transparency #4 on the overhead projector. *NOTE: This transparency will help participants to understand the sequence of tasks during that session and should probably be left on during the activity.* Talk through the transparency with the participants to make sure they understand.

   c. Hand out Individual Worksheet/Notes to each person. Hand out Memo, Roles and Supportive Statements worksheet to each group. *NOTE: Each role can be placed in a labeled envelope and the Information Sources sheet can be wrapped around the four envelopes.*

   d. Keep groups from bogging down--after 20-25 minutes they should be filling out the Supportive Statements worksheet.

   Phase II e. When it looks like the group is finishing the first worksheet, hand out the Cumulative Final Report worksheet. Ask the group to fill out the report and they will receive feedback.

   Phase III f. Hand out feedback sheets as each group finishes Cumulative Final Report. *NOTE: Try to hurry the slower groups so that each group finishes around the same time. The purpose is not just to discuss, but to discuss and reach a decision.*

   ALSO NOTE: Session three differs in that the Supportive Statements worksheet is not included, nor is a feedback sheet. (Many alternatives may be considered in the programming aspect, hence these two pieces are inappropriate.)

3. Conduct large group discussion. Use the prepared transparency.

DISCUSSION GUIDE

The three transparencies will help focus discussion at the end of each session, and may keep the group from becoming sidetracked. The feelings and reactions expressed at the end of the first two sessions will cluster around the realization of the many and various types of people that may be involved in planning sessions and their impact (and the impact of their roles) on the planning for children. The tremendous amount of information input possible along with an awareness of some lack of information may also be expressed.

At the end of the third session, however, there should be a total group feeling of the level of commitment necessary in order to plan a total and appropriate education plan for each child while still remaining a concerned and humane individual.

EVALUATION

Two forms are provided in this kit which can be used to help you gather data on content learning and the workshop activity itself. On the content evaluation form we have included in italics those answers most frequently occurring during our field testing of the kit. Perhaps they will assist you to evaluate your workshop responses.

* * *

NOTE: Many groups, after finishing this series of planning activities, have expressed an interest in having a follow-up session to discuss progress and evaluate the total instructional program. This is undoubtedly appropriate. If you as leader and your participants feel this need, it might be a good idea to plan and conduct such a follow-up workshop using the recommendations generated in the last workshop session. If this workshop activity format has been helpful to you, feel free to use it when designing your own workshop.

QUESTIONS FOR DISCUSSION

—Decision 1—

1. WHAT FACTORS INFLUENCED YOUR GROUP'S DECISION REGARDING RESPONSIBILITY?

2. WHAT RECOMMENDATIONS DID YOU MAKE TO ALLOW THE DECISION TO BE MORE EASILY CARRIED OUT?

3. WHAT ARE SOME OTHER INSTANCES WHERE EDUCATIONAL PLANNERS MUST MAKE DECISIONS INVOLVING RESPONSIBILITY?

4. HOW DID YOU FEEL ABOUT HAVING TO LOOK AT BOTH ALTERNATIVES?

QUESTIONS FOR DISCUSSION

—Decision 2—

1. WHAT FACTORS INFLUENCED YOUR GROUP'S DECISION REGARDING PLACEMENT?

2. WHAT RECOMMENDATIONS DID YOU MAKE TO ALLOW THE DECISION TO BE MORE EASILY IMPLEMENTED?

3. WHAT ARE SOME OTHER INSTANCES WHERE EDUCATIONAL PLANNERS MUST MAKE DECISIONS REGARDING PLACEMENT?

QUESTIONS FOR DISCUSSION

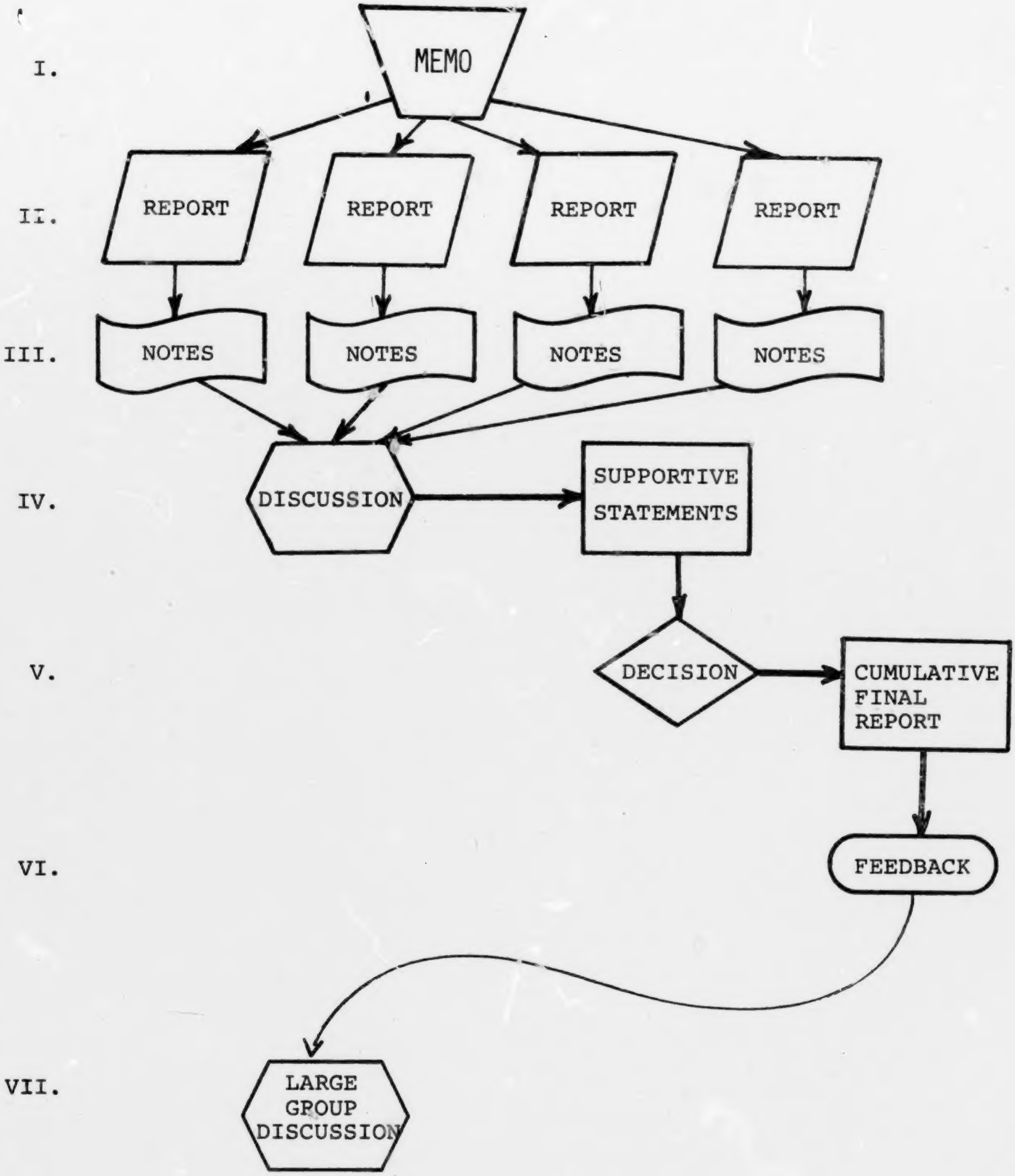
—Decision 3—

1. WHAT TYPES OF SPECIFIC RECOMMENDATIONS DID YOUR GROUP MAKE IN REGARD TO:

   - MANAGEMENT PROCEDURES
   - INSTRUCTIONAL PROCEDURES
   - INSTRUCTIONAL MATERIALS
   - SUPPORTIVE PROCEDURES

2. WHAT SPECIFIC PLANS DID YOU INCLUDE FOR *EVALUATION?*

3. DO YOU THINK THE EDUCATIONAL PLANNING COMMITTEE SHOULD MEET AGAIN? WHY? (WHEN?)


I.
MEMO
II.
REPORT
REPORT
REPORT
REPORT
III.
NOTES
NOTES
NOTES
NOTES
IV.
DISCUSSION
SUPPORTIVE STATEMENTS
V.
DECISION
CUMULATIVE FINAL REPORT
VI.
FEEDBACK
VII.
LARGE GROUP DISCUSSION

INSTRUCTION SHEET

You are a member of an Educational Planning Committee called together to discuss a specific problem. Typically Educational Planning Committees make at least three different types of educational decisions:

those that relate to *educational responsibility*
those that relate to *educational placement* and
those that relate to *educational programming*.

As a participant on the planning committee, you will be involved in each of the three types of decisions as they need to be made—all involving a young man named Mark.

For each of the three decisions you will follow this procedure in your small group:

1. Read over the Memo which outlines the decision your committee is to make.
2. Select one of the four roles and read the report carefully.
3. Use the page labeled "Notes" to jot down information you might want to remember.
4. Discuss with other group members.
5. Fill out appropriate forms for each decision.
6. Receive feedback where appropriate.

There will be a large group discussion after each decision period.

MEMO

TO: Educational Planning Committee
STUDENT: Mark Evans, age 12

The above student has been referred to the Educational Planning Committee for a decision and recommendations regarding *educational responsibility.*

Mark was caught stealing from a local store along with two older boys. Information from the Juvenile Court indicates that he has not previously been before the court, but he does have a history of petty thievery, lying and cheating.

The probation officer assigned to this case feels that since Mark has broken the law, he should be placed in a detention home. In this setting, he will be out of parent custody; there is also an educational program at the detention home.

At the hearing, however, the Juvenile Court Judge decided to explore other alternatives. Each of you have been involved in an evaluation of Mark, and now the judge has asked you to decide: *will the school accept the responsibility for Mark or should he be placed in a detention home?*

INFORMATION SOURCES

1) Psychiatric/neurological examination: (recent) extensive tests and interviews with Mark in a hospital/clinic setting. Examiners comment on extent of neurological and psychiatric dysfunction. Recommendations included.

2) Psychological evaluation: extensive test battery given 6 months ago. Includes results of following tests: Rorschach, Draw-a-man, Stanford-Binet, Stanford Achievement Tests, and performance tests. Recommendations attached.

3) School Social Worker: summary of five interview sessions with parents, and one home visit. Report summarizes family history. Included also are instances when social worker was called upon to intervene in crisis situations in school. Note: this social worker is also a skilled interviewer and details cases extremely well.

4) Classroom teacher: This master teacher has collected much base line data on Mark. Her report includes school reports and classroom observations.

Each person in this group is to choose one envelope and represent that person(s) on the planning committee.

NEUROPSYCHIATRIC CLINIC

Patient: Mark Evans

Neurology

Mark was given a routine neurological examination and an Electroencephalogram (EEG).

Results: There was no evidence of any "hard" (classical) neurological signs (i.e., paralysis, paresis, anesthesia, etc.) There was some evidence of minimal neurological dysfunction present: of the 18 minor or "soft" neurological indications tested, three were thought to be outside of the "normal" range. These were: extra-occular muscle dysfunction, mild tremor, dysdiadochokinesia. The EEG was within normal limits, as read by two independent neurologists.

Conclusions: There is no conclusive evidence of neurological disease or signs of progressive neurological lesion. The diagnostic usefulness of abnormalities in "soft" signs is extremely limited, since abnormalities also occur in apparently normal persons. The same is true of the EEG findings: many children evidence clinical manifestations of minimal brain dysfunction, yet have normal EGGs; and abnormal EEGs are found in so-called normal children.

Therefore, it is our conclusion that Mark is currently functioning within normal limits and no recommendations for neurological treatment will be made.

Educational Planning
Decision 1
Educational Responsibility

Patient: Mark Evans

Psychiatry

Mark was referred for psychiatric interview for the following reasons:

1. If possible, to ascertain if behavior is indicative of (borderline) schizophrenia.
2. If possible, to ascertain if delinquent behavior is neurotic or non-neurotic.
3. If necessary, to recommend psychiatric treatment.

Results: The interview situation provided some opportunity for expression of aggression and antisocial tendencies. In general most of Mark's responses were borderline normal, although a very few were of the "neurotic" type and two or three were definitely "antisocial." None of the behaviors evidenced could be classified as bizarre, nor could "daydreams" be described as pathological fantasy. Fidgetiness, poor attention span and distractibility were noted, but were not any more prevelant than in children referred for minimal brain dysfunction. Hostility was both expected and evidenced in the first few minutes. However, Mark was able to relate quite well before the interview was ended.

Conclusions: It would be more appropriate to rely on parental, teachers' or social workers' reports since studies indicate they correlate highly with psychiatric evaluation. In this interview situation, however, I do believe that my impressions will approach those who know the child better.

There seemed to be no evidence of psychotic or pre-psychotic behavior. Mark was in touch with reality at all times, which would seem to rule out schizophrenia. His hostile and aggressive statements stem from long-standing feelings of frustration and failure which ALMOST ALWAYS produce aggressive responses. It might even be appropriate to predict that changing some of the environmental conditions might completely eliminate some of the supposedly neurotic responses.

This young man will definitely need some individual counseling, but not necessarily psychiatric treatment. I would suggest that he somehow be provided with some success experiences to go along with such a relationship—perhaps something like a sports-oriented big brother relationship, but with someone skilled in counseling.

Educational Planning
Decision 1
Educational Responsibility

PSYCHOLOGICAL EVALUATION

Name: Mark Evans

Test Results:

Stanford-Binet	Mental Age 12.1 Intelligence Quotient 102
Healy Picture Completion Test II	Test Age 14 to 15
Porteus Maze	Test Age 13-8
Pyle Digit Symbol	Test Age 13-6
Ferguson Form Boards	Test Age 15
Stanford Achievement Tests:	
Total Reading	Grade Equivalent 4.1
Total Arithmetic	Grade Equivalent 6.2
Spelling	Grade Equivalent 3.7

Mark presents a rather complex picture. Tests results show that he is of average intelligence with above average performance ability. He is handicapped in language ability, memory and concentration. He was very talkative, bright and alert, but there seemed to be an almost driven quality about him. He was aggressive to the point where he tried to take over. Limits had to frequently be set to keep him focused on the task at hand. Although Mark's scores on the performance tests suggest superior ability, it is likely that he functions—in everyday situations—on a lower plane, since he shows a lack of persistence unless he is coaxed. He was aggressive, anxious and restless.

The projective testing reveals more of the same—a highly distractible, disorganized, poorly integrated ego structure in sufficient degree to suggest a possibility of more serious psychopathology. His world is rather disjointed, quite frightening and at times, potentially destructive. His responses come in a rush without any deliberation, and are frequently fading and changing, so that there is little stability in his perception of the world around him. One senses an intense struggle in his frantic attempts to identify with an environment which remains essentially alien to him.

The Bender-Gestalt was poorly integrated and suggests gross visual motor impairment.

Recommendations: Comprehensive neurological examination and child psychotherapy.

SCHOOL SOCIAL WORKER'S REPORT

Name: Mark Evans

Current Status:

The home situation has reached the boiling point. It cannot be expected that this boy can remain in the home and resolve his delinquency problems.

There are 13 children in the home, the oldest is 17, the youngest is two months old. The mother is a very passive-type individual who spends most of her time barely coping with the daily situation. Her reaction to Mark is generally one of ignoring, since she seems unable to control him in any way.

Mark's father, however, is a totally different problem. The father has a history of severe adjustment problems, beginning with a very poor relationship with his own father which has never been resolved.

About 10 years ago, the father was taken to the hospital for a period of observation during one of his more violent spells. He was extremely uncontrolled when first placed in the ward, but after a thorough examination it was felt that he was not committably insane. He should probably be classified as a psychopathic personality. He talks at great length of his own abilities, describing himself as a "constructive, futuristic, thinker." He tells of the splendid methods he has used with the children, and how he brought the older children from average to above average intelligence—all except Mark who has "not responded."

The father's wild statements to the children have often been very extreme. He has several times threatened suicide. On one occasion he asked Mark to go down to the bridge and jump with him. He presently is openly acknowledging his "hatred" for Mark, and threatens to kill him if he comes home.

The other children tend to avoid Mark, since any association with him will only get them into trouble with their father—whom they obviously fear.

Mark has been in trouble with juvenile authorities before, primarily for running away from home, but occasionally for stealing small trinkets which seem to fascinate him.

Mark, himself, is a slim, nervous, attractive youngster whose facial mannerisms gradually subside as he becomes more at ease. He has always been quite anxious to make a good impression and one of his opening statements recently was, "I got in bad company and didn't do my own thinking. That's why I'm in trouble." He has always been fairly truthful in talking about stealing episodes.

Mark does not talk very readily about his family situation. It seems obvious that he fears his father a great deal, but this does not stop him from being disobedient and quarrelsome. He has only on one occasion mentioned any of his really terrifying experiences with his father, and no attempt has been made to probe. (The mother has related instances of extreme beatings—often so severe as to make him miss school.)

Although he has no pets, he seems to really love animals. After school he plays with a dog that belongs to an elderly couple who live close to the school. He also helps them by raking leaves and shoveling their sidewalk during the winter. Recently, however, they have been sick and he has seen little of the dog or the couple.

Mark speaks with enthusiasm of a foster home placement during the summer months three years ago. He enjoyed it in the country foster home, got along well with the older boy who was there, and would love to be in a similar placement again. He would like to live on the farm the year around. Most of his daydreams have to do with the outdoor life, cowboys, riding horseback, etc.

On two occasions, Mark has struck other youngsters in school—one instance resulting in the other child being taken to the hospital. In fairness to Mark, it should be mentioned that both explosions of temper came on the day following a severe beating by his father the night before. After the second explosion, the school expelled Mark for five days, which precipitated another more severe beating at home. Mark no longer has any friends at school; the children in his room (all younger) are very much afraid of him.

The parents want him put in a detention home—the father because he says Mark is "no good" and "deserves punishment;" the mother because she is too tired to put up a fight and feels Mark does not belong in their home anymore.

TEACHER'S SUMMARY

Pupil: Mark E.

Fifth Grade Teacher: Sally Schwartz

Although Mark is 12 years old, he is currently in a fifth grade room. He repeated first grade because of absence and lack of readiness and reading skills. His school picture is one of repeated failure experiences, with few exceptions.

He has attended five different schools in the past seven years—many of the transfers coming in the middle of the school year. In general, however, his records indicate that reading achievement has always been 2-3 years below grade level, mathematical ability has been slightly below to slightly above grade level, spelling and handwriting have always been very poor.

Two rather exceptional things happened last year, however, to alter this pattern somewhat. Mark seemed to enjoy being with the new remedial reading teacher, and made excellent progress when given a structured approach. He raised his reading level from 1.4 to 3.6 in less than a year and is showing continued improvement, although the reading teacher he liked so well is in another school. In addition he showed real creative ability in the weekly art classes given by a parent volunteer. Many of his creations were prominently displayed at school. His parents did not attend the open house, so his teacher sent home one or two of the better paintings. They were never returned! Apparently something happened at home because Mark has lost interest in art and refuses to talk about it.

In class, Mark cannot keep quiet for more than a few moments. His attention flits from one thing to another very quickly and concentration is very difficult. He has a facial grimace and other nervous mannerisms.

Most of Mark's reported untruthfulness is to get attention or to protect himself. The home situation seems to have encouraged this. He has lied to his father to prevent over-severe punishments. He has on occasion lied in school, primarily because of his anxious desire for good marks.

Temper tantrums are rare, but when he loses control of himself, he is quite unmanageable. The greatest complaint at school is that Mark is a disrupting influence. If he comes into a quiet group his hyperactivity, tendency to poke and tease and to draw attention to himself soon has the whole group in an uproar. He torments younger children, interferes with the work of other pupils and gets along poorly, even in play.

In spite of these difficult tendencies, Mark has many fine traits. He is very fond of animals and his love of animals is known throughout the neighborhood. He likes to look after the school pets, and often after school can be found in the kindergarten room playing with all the animals. He has a very sensitive attitude toward punishment. He is completely upset if he sees someone else receiving corporal punishment, and will beg that he be punished rather than see someone else suffer.

After school, when he isn't playing with the animals, Mark likes to stay to help me. He's an expert at straightening the furniture and washing the chalkboards. He makes an extra effort to stay on the afternoons when he can help set up the Science experiments for the next day. If he knows there is going to be a movie shown, he will often ask if he can get the projector and will stay in from recess to set up the equipment. He cannot be counted on to help during class, however.

Mark is a great follower. His present difficulties are due in part to his association with Kenneth, an older boy whom Mark worships. Kenneth, however, neither likes nor shows respect for Mark. Although it seems that Mark does need this kind of a relationship, it is doubtful if he presently can himself choose an appropriate companion.

Although the surface behaviors are at times overwhelming, there still seems to be an "inner self" to Mark that is both likeable and amenable. It seems worth a valiant all-out effort.

Educational Planning
Decision 1, 2, 3

Duplicator Page #11

INDIVIDUAL WORKSHEET

NOTES

As you read your information sheet on Mark, use this form to make notes and comments to help you remember important aspects that you would like to mention during the committee meeting.

Observations From Report	Possible Conclusions Drawn From Observations

Educational Planning
Decision 1
Educational Responsibility

Duplicator Page #12

GROUP WORKSHEET

Supportive Statements

Use this form to record statements (evidences, reasons, etc.) that support *both* courses of action.

Reasons to support placement in a detention home.	**Reasons to support continuation in regular class.**

GROUP WORKSHEET

Cumulative Final Report

What decision has your committee made?

____ placement in detention home

____ placement in regular class

List three statements that best support your decision on responsibility:

1.

2.

3.

List any *additional recommendations* your committee feels would help this responsibility decision to be more easily carried out:

1.

2.

3.

FEEDBACK SHEET

At this time, it would seem more appropriate to recommend that Mark be kept in a regular school setting, rather than a detention home. There are a number of reasons to support such a decision.

1. Mark is, based on numerous evaluations, still functioning academically and behaviorally within "normal" limits (on the whole).
2. Placement in a detention home would tend to confirm Mark's feelings of being "no good."
3. Mark has the potential to be a superior student—at least in the performance area; perhaps in the verbal area also.

However, some of the conditions will have to be changed in order to effect change in Mark's behavior. The following recommendations need to be incorporated with the above decision:

1. That Mark be placed in a foster home, preferably one similar to his previous experience. He very definitely needs to be removed from the home, especially his father.
2. That the educational staff involved with Mark's program meet often to evaluate and plan appropriate new steps.

MEMO

TO: Educational Planning Committee

STUDENT: Mark Evans, age 12

The Educational Planning Committee at its first meeting made the following recommendations:

1. That Mark remain in a public school setting rather than being placed in a detention home. This assumes the professionals involved will continue to plan appropriately.
2. That Mark be placed in a foster home to eliminate home-based conflicts.

The juvenile court judge concurred with both of the above recommendations, and ruled that for the present Mark will not have any contact with his real parents or family.

Mark's new foster parents live outside of town and therefore transportation assistance is possible. When setting up transportation schedules, the question arose as to whether Mark should be transported to the new Special Education Center instead of to the same school he has been attending. The committee this time has a placement decision to make: *whether Mark should be placed at the Special Education Center or at his old school.*

INFORMATION SOURCES

School Social Worker
Foster Parents
Fifth Grade Teacher
Director of Special Education

If you had one of these roles before, please choose another one this time.

SOCIAL WORKER'S OPINION

The one thing that has impressed me all along about this case was Mark's lack of security. He seems to have *nothing* in his world that is secure and stable. And now, even though he really likes his new foster home placement, he does indeed seem lost. Is it fair to force another unknown upon him?

He has gone to many different schools already, and a transfer now—after school has started—would probably set him back even further in school work.

It's true that Mark has attended his present school for only one year, but he does seem to like it better than any of the schools previously attended. Also, there is a new male principal this year who seems to be very flexible and understanding. He had hoped to come today, but something came up at school and he had to be at school to attend to it. He is very willing to work with the teachers and with Mark.

I think Mark should stay in his old school.

FOSTER PARENTS' OPINION

Mark has been in our home for a week now, and is really doing well. He doesn't seem to miss his real parents at all, in fact he seldom mentions them. He is getting along famously with our older son, Arnie. Arnie, who just turned 16, had been doing many of the chores around the house, but he will be starting a job in town soon. Interestingly enough, Mark has stated that he would like to take over at least some of the chores, and Arnie is taking a lot of time and trouble to teach the work to Mark. Mark has been an eager and a quick learner. We're really pleased that he's caught on so quickly. In fact, he came up with one idea that will really cut down on the amount of time that has to be spent doing one particular job. He really is a bright boy.

As far as the school decision, that's mostly up to you folks. We'll support you in whatever you decide. I think he does like the school he was going to—at least some things. He's mentioned a few times that he wonders how the animals are doing. He doesn't really *talk* about his teacher, Mrs. Schwartz, but a few days ago we commented on how pleased we were that he had finished something that he didn't especially want to do. He mumbled something like "That's what Mrs. Schwartz says," and he wasn't saying it in a derogatory manner. We just don't know him well enough to say any more. It seems he's planning on going back—maybe he just hasn't thought about another school. We hadn't until today.

You really don't have to worry about getting him to school either. Arnie gets a ride every morning and we could drop Mark off on the way and pick him up after school.

PRESENT TEACHER'S OPINION

As I said before, I'm really willing to try an all-out effort with Mark this year. But I must admit, my classroom would be much easier to handle if Mark were not present. I'm torn between wanting to help Mark and still being able to be the best teacher I can to the other members of the class.

I do want to help him, but I think the other children have to accept him before any real progress can be made. I'm not so sure I'm enough of an expert to handle all the group's feelings about Mark and to change them in a more positive direction.

I've been thinking about setting up a behavior management program of some sort for Mark. Yesterday I talked to another teacher who had set up a program for the whole class, and she seemed really excited about it. If I could have some help, I think I'd be willing to try something like that.

I also think that getting Mark out of class for a short time during the day would help all of us. The big problem is, he's had so much of the "remedial" stuff over the years, he has reacted quite negatively to the special class and special help stuff recently. I'd like to think about another alternative.

Last week we had a special "Art's Day" and the children really got turned on. Mark particularly liked learning to write HAIKU. I've brought in three different poetic impressions he wrote. He also illustrated an ecology poster—something that seems to interest him. There really is some talent here. I guess what I'm really saying is that I think we can do something good with Mark, but I sure would like some help.

Snof laks fall wiTh grace
and cover ciTys dirT
why Do you leev Soon?

LiTle Bird alone
In a Branch of snoie pine
Plees do not Be so sad.

Spring Turns inTo
Sumer my hate into like
and fall cums onse agin

MARK
EVANS

Mark Evans

DIRECTOR OF SPECIAL EDUCATION'S OPINION

From what I've heard about Mark, it would seem that he does qualify for a special education class. In fact, I'm really surprised that he hasn't been referred before. Apparently Mark's real father was quite hostile to the suggestion when it was made; he felt his son was *not* retarded and wouldn't stand for it.

Now, however, decisions like this can be made by the foster parents, and I'd like to suggest that Mark attend our new Special Education Center. We have a teacher very skilled in behavior management techniques and we also have an excellent psychologist who has done marvelous work in helping children understand themselves.

If Mark goes to the Center, he'll be in a class with only seven other children, and will not have as much problem competing for the teacher's attention and can receive much more of the individual attention he needs so much. I'd like to emphasize the fact that this would not be a class of retarded children. Mark is definitely not retarded. However, he needs remedial work in reading and spelling and he needs help in controlling his behavior. I feel this can best be done in a special education setting.

If the rest of you feel that Mark would be better off (at least right now) in the same school, our Special Education Center can also provide consultant services to the regular classroom teacher. We have a Learning Specialist on our staff who can help a teacher to plan a management and instructional program for children like Mark. The consultant can work best when the regular teacher *wants* to assume responsibility.

GROUP WORKSHEET

Supportive Statements

Use this form to record statements (evidences, reasons, etc.) that support *both* courses of action.

Reasons to support keeping Mark in old school	Reasons to support transferring Mark to Special Education Center

GROUP WORKSHEET

Cumulative Final Report

What decision has your committee made?

____ remain in same school

____ transfer to Special Education Center

List the three statements that best support your decision on placement:

1.

2.

3.

List any *additional recommendations* your committee feels would help this placement decision to be more easily carried out:

1.

2.

3.

FEEDBACK SHEET

At this time, it would seem more appropriate to try and work with Mark in the regular school setting. Some of the reasons to support this decision are:

1. Mark's teacher's expressed willingness to try and work with him. Her honesty deserves support.
2. Continuing support of social worker and principal.
3. Mark's expressed reservations about special classes.
4. His recent change in home placement which would magnify any change in school placement.
5. Mark's beginning to develop some meaningful positive relationships with others—transfer to a new setting (if viewed by Mark as "bad") could destroy these tentative relationships.

If, however, Mark is to remain in the regular class setting the following recommendations would seem to be appropriate.

1. That Mark remain in a regular classroom in the same school for a *trial* period of six months.
2. That his teacher, Mrs. Schwartz, be provided consultant help from the Special Education Center.
3. That a total instructional program be planned for Mark for the next six months. At the end of the six months, another meeting will be held to discuss the results and plan a future program.
4. That the foster parents be involved in the programming, so that whenever possible, there will be carry-over in the home.

MEMO

TO: Educational Planning Committee

STUDENT: Mark Evans, age 12

The Educational Planning Committee at its second meeting made the following recommendations:

1. That Mark remain in a regular classroom in the same school for a trial period of six months.
2. That his teacher, Mrs. Schwartz, be provided consultant help from the Special Education Center.
3. That a total instructional program be planned for Mark for the next six months. At the end of the six months, another meeting will be held to discuss the results and plan a future program.
4. That the foster parents be involved in the programming, so that whenever possible, there will be a carry-over in the home.

These recommendations met with the approval of all concerned, including Mark. Therefore, the task of this committee today is *to design a total instructional program* for Mark.

Read through your chosen role, discuss with group (committee members) and fill in the Cumulative Final Report. *(Be specific.) Be prepared to discuss your group's plan during the discussion period at the end of this activity.*

INFORMATION SOURCES

General Physician
Classroom Teacher
Foster Father
Learning Specialist

If you had one of these roles before, please choose another one.

PHYSICIAN'S COMMENTS IN REGARD TO PLANNING

Although I am not an "expert" in child care, I seem to have seen a tremendous number of young children, especially boys, who have learning and behavior problems similar to Mark's. When Chuck Ames mentioned the troubles his new foster son was having, I thought I might be able to suggest to the planning committee a way in which we might possibly help Mark to control his own behavior.

In reading the medical literature over the past few years, one is struck by the overwhelming acceptance and use of two major stimulant drugs in the treatment of behavioral and learning disorders. That these two types of drugs (the amphetemines and methylphenidate-Ritalin) are themselves *stimulants* is paradoxical. Nevertheless, when effective, (and most of the time that can be ascertained immediately), the drug has a profound influence on the activity level, impulsivity, social behavior and cognition of a very specific type of child. I believe that Mark is this type only, with close cooperation between us all in terms of observing and recording any changes in behavior. It's only a suggestion. I'd like to know how the rest of the committee feels.

I would be most willing to work with Mark's teacher and foster parents in planning the best possible program. He really seems like a child worth fighting for.

I had another thought too. I've been working with a small Boy Scout Troup—mostly a bunch of young boys who live out in our area. We've been working on skills for camping lately, in addition to putting together a basketball team. The guys aren't really that good, but they sure have fun. Do you think Mark might be interested in coming to visit our troop—maybe joining later?

Educational Planning
Decision 3
Educational Programming

TEACHER'S COMMENTS IN REGARD TO PLANNING

I've been thinking a lot about Mark lately, and I think we can make it. One thing I'd definitely like to suggest is that Mark be out of the room part of the day. He is doing so well in math that I think he could go into the 6th grade class for math activities. It might be too hard for him, but I think I'd like to give it a try. Also it would be a welcome change from the remedial-type of going out of the room.

I was hoping to start to give more structure to the work that Mark needs to do in reading, language arts, social studies and science. I think there are some materials that would help, but I'm not sure where to start.

Also, I'm fairly certain that Mark is feeling more comfortable in my room. It seems that he's more at ease in a group now. He still doesn't talk, but he appears really interested in what others are doing. What kinds of group activities can I offer that will keep Mark involved and hopefully verbalizing?

FOSTER FATHER'S COMMENTS IN REGARD TO PLANNING

My wife and I would like to help with anything we can. Mark has his own room in our house, and Mark and I just finished building a bookcase and are trying to plan how to build a desk for him. (Desks are more difficult—it might be a while!)

He's had a few periods of depression lately. In fact, I first thought he was sick—that's why we went to see Dr. Whalen. But I guess he'll snap out of it. Sometimes he describes himself as "no good," but he really is good basically. It seems he can't help himself. He and my son, Arnie, had a blow-up yesterday, but they worked it out. I was really proud of them both. Arnie wanted Mark to do something and Mark didn't want to—they eventually compromised and Mark promised to do it today. I guess it was better not to push him, but he didn't get away with the temper bit.

Everything else is going smoothly. Mark is saving a good part of his allowance to buy Christmas presents—and it was his own idea. Seems like it's a good sign that he wants to do something for someone else.

LEARNING SPECIALIST'S COMMENTS IN REGARD TO PLANNING

I agree with Sally that Mark has a short attention span—especially for a 12 year old. It's going to be hard to find enough materials to keep him busy at all times. But with all of the hubbub about his aggressiveness and acting out, I think we have overlooked a big deficit area. Mark has quite a severe expressive language disorder. Have you noticed that he responds mostly with short, usually one-word sentences? How much is because he's been *afraid* to talk, I don't know—it certainly hasn't helped. And he can't write at all. The Haiku is an exception—I like what he did.

He's actually reading much better now—I'm terribly impressed with the improvement. But it's started another problem. Mark now feels that everything he needs to know is in books and that *his* input is unimportant. You see, because he doesn't express himself verbally very well, he is compensating by feeling it's not important. I have a feeling that that's why he really liked painting and the art lessons. Because he felt good about what he expressed in painting, and others liked it too. But that still doesn't help his verbal problem. That's what needs the most help. Let's pool our suggestions and see what we can come up with.

GROUP WORKSHEET

Cumulative Final Report

Based on the input of all of the educational planners thus far, list specific suggestions for the teacher that will provide a systematic instructional program for Mark. Your suggestions should relate to the areas specified below. A "miscellaneous" category is provided for suggestions that do not fit the other areas. Try to be systematic! When you have completed this task you should have a **total instructional program** *outlined for Mark.*

Management Procedures (drug management, behavior management, etc.)

Instructional Procedures (grouping strategies, mode of presentation, etc.)

Instructional Materials (either brand names or types of materials)

Supportive Procedures (home involvement, reinforcement, etc.)

Miscellaneous

___ Pre ___ Post

CONTENT EVALUATION FORM

1. List 3 types of decisions that have to do with educational planning.

____

____

____

2. Place a check mark beside those people who might be involved in an educational planning session.

___ regular classroom teachers
___ special classroom teachers
___ resource (itinerant) personnel (consultants)
___ special education administrators
___ regular education administrators
___ speech and language pathologists
___ physicians
___ psychiatrists
___ school nurses
___ social workers
___ psychologists or diagnosticians
___ physical therapists
___ IMC personnel
___ occupational therapists
___ University staff
___ state department personnel
___ parents
___ community leaders
___ volunteer agencies or personnel
___ other (list) ______________________________________

____

Answers to Duplicator Page #34

___ Pre ___ Post

CONTENT EVALUATION FORM

1. List 3 types of decisions that have to do with educational planning.

Educational Responsibility

Educational Placement

Educational Programming

2. Place a check mark beside those people who might be involved in an educational planning session.

___ regular classroom teachers
___ special classroom teachers
___ resource (itinerant) personnel (consultants)
___ special education administrators
___ regular education administrators
___ speech and language pathologists
___ physicians
___ psychiatrists
___ school nurses
___ social workers
___ psychologists or diagnosticians
___ physical therapists
___ IMC personnel
___ occupational therapists
___ University staff
___ state department personnel
___ parents
___ community leaders
___ volunteer agencies or personnel
___ other (list) ______________________

____

(All are appropriate.)

WORKSHOP EVALUATION FORM

1. How much did you know about educational planning prior to participation in the three activities?

   ____ considerable amount

   ____ moderate amount

   ____ small amount

   ____ nothing

   How much do you feel you *now* know about it?

   ____ considerable amount

   ____ moderate amount

   ____ small amount

   ____ nothing

2. The two most valuable aspects of the entire planning experience were:

3. List below the first names of children you presently are aware of for whom this type of planning would be appropriate:

   ____________________ ____________________ ____________________

   ____________________ ____________________ ____________________

4. Assume you are Mark's teacher. Would you like to have Mark in your classroom?

   ____ Yes ____ No Why? (Be honest.)

5. Additional comments:

WORKSHOP TRAINING KIT

L.D. PLANNING PRIORITIES GAME

PRIMARY AUTHOR

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USOE/MSU REGIONAL
INSTRUCTIONAL MATERIALS CENTER
FOR HANDICAPPED CHILDREN AND YOUTH

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L.D. PLANNING PRIORITIES GAME

--LEADER'S GUIDE--

OVERVIEW

This activity is designed so that workshop participants can experience the diagnostic/prescriptive process in a planned way. The use of case studies helps to focus the workshop participants on singular and specific issues rather than generic problems. The use of group processing is similar to the "diagnostic team" model which is often used when planning a program for a child with learning problems. One unique aspect of this activity is that it gives people an option to respond to written questions by using EITHER prepared symbol "chips" OR by writing--a medium consistent with an option that could be given to children with writing difficulties.

One of the case studies focuses on a child who has a primary auditory problem, and the other a primary visual problem.

OBJECTIVES

Through the activity the participant will

- --be able to help select those prescriptive strategies which his group (diagnostic team) feels would be most appropriate within a particular time-frame structure.
- --be able to interact with other members of a group in a problem-solving situation.
- --when given a number of broad diagnostic terms related to a particular case study, be able to select those he feels are most appropriate, later checking with his small group and the large group for verification and/or revision.

At the conclusion of the activity the participant will

- --be more aware of the process by which educational prescriptions are made when dealing with other planners who have dissimilar experiences and perceptions.
- --be more aware of the subtle nature of diagnostic clues exhibited by children in a classroom.

PREREQUISITES

For the leader: Familiarity with information presented in this kit. The leader does not have to be an "expert" in Learning Disabilities to run this activity. There are "notes" provided for the leader, which can serve as additional clarification on each case study.

For the participant: Interest in (but not necessarily knowledge of) the field of Learning Disabilities and in helping children who have learning and/or behavioral problems. The workshop activity runs equally well with regular and special education personnel regardless of their experience and training.

TIME NEEDED

There are two case studies. If both are used, the total time will be two hours. The entire activity (i.e. both case studies) could be run at two different times, as each part is self-contained. In that case, plan on two one-hour sessions.

MATERIALS NEEDED

1. TO BE DUPLICATED:

All pages to be duplicated are marked "Duplicator Page #__" in the upper right hand corner. Use the pages in this kit so marked as masters.

ONE FOR EACH PERSON:

Case Study One	
--Instruction Sheet	Duplicator Page 1
--John (Case Study)	Duplicator Page 2
--John (Remedial Strategies)	Duplicator Pages 3-4
Case Study Two	
--Instruction Sheet	Duplicator Page 1
--David (Case Study)	Duplicator Page 7
--David (Remedial Strategies)	Duplicator Pages 8-9
--Content Evaluation Form	Duplicator Page 10
--Workshop Evaluation Form	Duplicator Page 11
--Supplementary Information	
a) Glossary of terms	Duplicator Pages 13-14
b) Producers	Duplicator Page 15
c) Learning Disabilities	Duplicator Pages 16-27

ONE FOR EACH GROUP:

--Group Worksheet	Duplicator Pages 5-6
--Chips (run on heavy stock and cut up)	Duplicator Page 12

2. OTHER MATERIALS:

--transparencies for guiding discussion	Transparency Pages 1-2
--overhead projector	
--envelopes for "chips"	

PHYSICAL ARRANGEMENTS NEEDED

Tables and chairs sufficient to organize with four participants in each group. Each group will need a place to lay out the worksheet and organize the "chips" if they wish.

PROCEDURE

1. Arrange tables and chairs so that 4-5 participants will be able to work in a group mode. Direct participants so that they are seated appropriately. *Remember, there is always value in seating individuals together who do not know each other.* (If you plan to administer a pre-test, this would be an appropriate time.)

2. Prior to beginning activity, talk through with participants what they will be expected to do and what you expect to accomplish during the workshop (objectives). *Remember, the primary purpose is to simulate, very simply, the steps of the diagnostic/prescriptive process through individualizing instruction with the learner.*

3. Hand out the Instruction Sheet and a Case Study to each participant and talk through the steps. *Don't just read it to them--but then again, don't assume that they will read and/or understand by themselves. Remember, some learners are more receptive to information presented or reinforced auditorially.* Direct attention to the CHECKING of diagnostic terms, and the OPTION of either drawing symbols or placing chips on the worksheet. Allow 10 minutes for each person to read case study and decide on terms. A glossary of terms is available for those who wish to see it.

4. Hand out to each person Intervening Remedial Strategies Sheet. *If each person gets this information it serves as a take-home list of suggestions.*

5. Hand out to each group one worksheet and one envelope of chips.

6. Allow the group 20-25 minutes for this activity. *Make sure at least two groups have finished. The rest will be close to finishing.* While the groups are working, check to see how many groups are using the OPTION of placing the chips on the worksheet instead of writing them in. Most groups will use the chips. Also remind groups to decide on the terms their group wishes to use.

7. Allow 15-20 minutes for a total group discussion.

8. Administer post test.

DISCUSSION GUIDE

Using the prepared transparency or the chalkboard, record how the different strategies have been placed in the time frame. *If you can get a participant or co-leader to help, this would simplify your job.*

The groups will have placed their strategies either (1) in the same way or (2) in completely different ways.

1) If the groups all responded in a similar manner, it may indicate that their past and present experiences have led them to expect certain kinds of things to work at certain times. The system in which they work--especially if it is the same system--may also define their roles for them. (For instance, they may not have access to an audiologist, and hence feel that strategy unnecessary.) Ask a few "why" questions.

2) If the groups all responded differently (and the probability may be higher) you might wish to search out the whys of their groupings. You may not have to ask questions--if people perceive themselves as different, they are often eager to explain their rationale.

There are some "notes to the leader" included in this kit that relate specifically to each child presented in the case studies. Perhaps you will wish to read them over a few times.

3) Somewhere in the discussion, help the participants to understand why they were given the OPTION of using the chips or writing the symbols on the worksheets. If most groups used the chips, try to help them understand why; perhaps it was because:

   --they were available
   --they were more easy to manipulate, and could be changed if the groups decided differently
   --no one wanted to draw an airplane (or some more difficult symbol)
   --it was a bit novel

   All of the above reasons are justifications (based on learning principles) for using the same type of options with children--particularly those with learning problems.

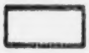
The second case study is handled in exactly the same manner. The rationale for using both case studies is that the problems--and hence the solutions--are quite different--just like in real life!

EVALUATION

Two forms are provided which can be used to help you gather data on content learning and the workshop activity itself. On the content evaluation form we have included in italics those answers most frequently occurring during our field-testing of the kit. Perhaps they will assist you to evaluate your workshop responses.

TOTAL GROUP PRESCRIPTION

#1

	IMMEDIATE	SHORT RANGE	LONG RANGE	UNNECESSARY
				

TOTAL GROUP PRESCRIPTION

# 2	IMMEDIATE	SHORT RANGE	LONG RANGE	UNNECESSARY
○				
□				
☆				
⌂				
🌳				
△				
✿				
▽				
🏃				
✈				
☕				
▭				
◎				
◇				
🛏				
STOP				

INSTRUCTION SHEET

This activity is designed to help you understand the steps involved in the diagnostic/prescriptive planning process. There are two case studies that you will be given. You are to select what you believe to be appropriate diagnostic terms and plan a remedial program with other members of your small group.

The steps are as follows:

BY YOURSELF

1. Read the attached case study to yourself.
2. Decide upon what you feel are appropriate diagnostic terms for that particular case study and check them. *(Glossary of terms is available.)*

IN YOUR SMALL GROUP

You will be given individual strategy sheets; your group will be given a worksheet and some chips which correspond to the figures on the strategy sheets.

3. Read over the possible strategies that might be implemented to help the child. Decide which strategies can most appropriately be done at which times. For example, as a group, you decide that the ★ strategy should be implemented *immediately*.)
4. Place the appropriate chip on the worksheet wherever you feel it can best be placed.

   OR

   Draw the figure (○, ★, △, etc.) on the sheet—again, wherever you decide.

   (In the example of #3 above, you would place the ★ chip or draw a star in the space under *immediate*.)
5. When you have assigned all strategies to appropriate places on the worksheet, decide as a group which diagnostic terms best describe that particular learner.

AS A LARGE GROUP

6. Discuss what each group did with the case study and why.

INDIVIDUALLY

7. Receive case study #2. Repeat steps 1-6 above.

JOHN

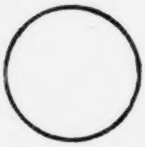
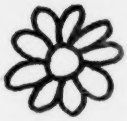
John is in a regular third grade class. You (his teacher) are really good at teaching phonics and organizing and conducting class discussion, but John won't participate; he can only sit still for a few minutes during a discussion. He's out of his seat a great deal of the time, often provoking a fight with other children who are busily engaged at Learning Centers. As a consequence, he's been placed in a cubicle at the back of the room, but rather than alleviating his disruptive behavior, he has become more and more disturbing. He doesn't like being out of sight. He pays attention to directions only when the teacher speaks directly to him—usually he just continues wandering around "looking for trouble." He does well in the programmed math textbook—in fact is slightly ahead of the rest of the class. However, he does poorly in reading, especially word attack skills that involve sounding out new words. He has 100% mastery of the Dolch Words. He does do well at copying from the board, likes to go out on the playground and really likes art. In fact, he'd rather draw or paint than anything else.

If you had to zero in on just *three* terms that BEST describe this child's problem, which of the following would you pick?

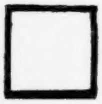
____ *hyperactivity*
____ *distractibility*
____ *attention* problem
____ problem in *auditory reception*
____ *expressive language* problem

____ problem controlling *aggression*
____ *auditory figure-ground* distortion
____ *perceptual* problem
____ visual-motor *integration* problem
____ *creative* learner

INTERVENING REMEDIAL STRATEGIES

STRATEGY SYMBOL	
	Place child at front of room near you, where you can be more aware of his behavior.
	To head off any disruptive behavior, encourage him to take a "time out" period. Since he loves to paint, provide him with the necessary materials, and let him relieve his tendency toward aggression in this more acceptable way.
	Encourage student to stay in his cubicle. He needs positive reinforcement for staying there, not reinforcement for being out of the cubicle. (And he is reinforced—negatively—every time someone draws attention to his out-of-cubicle behavior.
	Keep cubicle as an option, but place him in a group of children with whom he gets along. Work on improving interpersonal relations with the group. Reinforce all children in that group when they behave appropriately with each other.
	Respond warmly and tell him you understand and appreciate his own attempts to control his behavior.
 	Refer him for audiometric testing. He was absent last year from school's hearing tests, so you have only data from first grade on the cumulative record.
	In addition to giving directions orally, write all directions for class work on the board, overhead transparency, or on the child's paper at his seat.
	Since he obviously responds to your individual attention, make sure that you do spend extra time with him.

L.D. Planning Priorities Game
Intervening Remedial Strategies
Case Study #1—Johnny



Sit him close to you during class discussion, and make sure you get his attention first, either to ask a question or to have him summarize what some other child has said. This may help keep him in the group. Maintain eye contact as often as possible.

There is a male third grade teacher in the school. Perhaps Johnny would do better in that situation; you may want to consider switching him to the other class. (Hint: male teachers generally have lower voices—check with audiologist.)

Refer to school psychologist. He may be in need of counseling for some hidden problem that you don't yet understand.

Although you know that a phonics (code-cracking) approach is still the best way to teach reading, maybe this child will do better with another method. You propose to try at least one visually-oriented approach (such as sight words, whole words, context clues, etc.). (Check with your local IMC to ascertain which program might be best for Johnny.)

Give him plenty of chance to express himself verbally; maybe he becomes disruptive and inattentive because he doesn't have sufficient opportunity for expression. (There are eight children in the home, both older and younger.) Materials such as those produced by Speech and Language Materials and Educational Design Associates stimulate verbal expression.

Plan a program that will ultimately enable the child to recognize signs and symptoms in himself, so that he can take time-out periods without teacher intervention.

See if you can find a programmed reading series that has tapes or records (such as the Craig Reader Programs or Random House). Let Johnny listen with earphones (in the cubicle, if possible) and do his reading in this way. The earphones block out extraneous noise and allow learner to listen more attentively.

WORKSHEET

IMMEDIATE: (Strategy or strategies selected because they can and/or should be implemented *today* or *tomorrow*.)

SHORT RANGE: (Strategy or strategies selected because they can and/or should be implemented *within the next few weeks*.)

LONG RANGE (Strategy or strategies selected because they can and/or should be implemented *after* the other strategies have been evaluated, or because time interferes with their successful implementation at an earlier date.)

UNNECESSARY: (Strategy or strategies *NOT* selected because they would not contribute positively to this child's particular problem.)

WHAT THREE TERMS CAN YOUR *GROUP* AGREE UPON? LIST THEM BELOW:

____

____

____

FOR THE LEADER

NOTES ON CASE STUDY #1

These notes are additional information for the leader on Johnny. You may share this information or not as you desire. If you want to share it, it might be best to do so as a form of reinforcement or clarification. For example, if a participant says his group felt the problem was primarily an auditory one and they therefore wouldn't use the cubicle--suggest that maybe the cubicle would help Johnny organize his thoughts without being distracted--particularly if he was wearing earphones to listen.

All strategies listed are "appropriate." There are no "bad" strategies, only different times for implementing them. That, of course, is where the group planning comes in.

A. An auditory problem in the classroom is usually subsurface. The clues are there, but they may be lost in the day-to-day survival activities. The "clues" in Johnny's case study are:

   1. Activities that draw on listening skills such as discussion and phonics are confusing to him; inappropriate behavior results. We need information on how much of a problem this is.

   2. Activities that have visual or motor stimuli are done well--examples are painting, programmed math book, copying, Dolch words.

   3. Activities that cut off visual stimuli (such as being placed in a cubicle or during class discussion) tend to elicit inappropriate behavior--he really can't tolerate not seeing what is going on.

   4. A teacher that has a phonics orientation is not well matched to a child who is more a visual learner.

B. A behavioral problem--although perhaps not the primary cause--is often introduced. It must be dealt with as such. But concentrating on eliminating inappropriate behavior without structuring for appropriate behavior to occur is most often a lost cause.

   1. Putting Johnny in a cubicle makes him angry, since he perceives the cubicle as isolating him for punishment purposes. It may be a while before Johnny sees the cubicle as a place where he can concentrate more efficiently on learning.

L.D. Planning Priorities Game
Notes for the Leader on Case Study #1
continued

2. Out of seat behavior is often a result of inappropriate planning for an individual. He may be more apt to stay in his seat if he had something tangible to work with. He also needs instances where being out of his seat is appropriate, so he can make some decisions for himself.

3. Individual attention from the teacher is appropriate; it should be positively oriented however, therefore the creative teacher will need to plan activities that can be rewarded.

C. Terms appropriate (rank ordered)

1. problem in auditory reception or auditory figure-ground distortion

2. distractibility

3. creative learner

4. expressive language problem (possible)

--hyperactivity, attention, aggression, perceptual problem, are not the best diagnostic terms

--the information given does not suggest that he has a visual-motor integration problem

DAVID

David, age 7, is in first grade now, having repeated kindergarten. You, his present teacher, sense that David is an easily confused child, but you are very patient and kind and willing to wait until he develops the maturity he so obviously needs. Many kindergarten and first grade tasks are too difficult for him. Here is the picture as you see it:

David had the lowest score of your entire class on the Metropolitan readiness test; when asked to write his name, he is able to accurately write only the "v" and the "i", the other letters are reversed. He can name all the letters of his name when he sees them in order, but only the "i" and "v" when they are presented out of sequence. When the whole alphabet is presented visually, he can identify only the "x" and "o" with consistency, but no other letter (he can sing the "alphabet song" though). He can count to 10 in order, but cannot tell you "what comes after ________." He can write the integers 1, 8 and 0; all others are reversed or incomplete. He has de-developed few concepts (right, left, up, down, more than, equal to, etc.) but can identify and name colors and shapes (had much drill and practice in kindergarten). His vocabulary for nouns is excellent—perhaps the best in the class. He can identify words such as elephant, hippopotamus, principal, playground, skyscraper. Once he hears and sees a new word like the above, he remembers it. He wants to be able to write his name well—that is very important to him. He also seems to be catching on quickly to simple addition problems when presented orally (1 + 2 = 3, 3 + 2 = 5). Also can spell aloud some simple words such as "and," "the," "fox" and incredibly can say and spell "supercalifragilisticexpealidocious" (his crowning achievement).

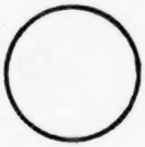
If you had to zero in on just *five* terms that BEST describe this child's problem, which of the following would you pick?

____ *immaturity*
____ *retarded*
____ *perceptual* problem
____ *visual discrimination* problem
____ visual *sequencing* problem
____ auditory *sequencing* problem

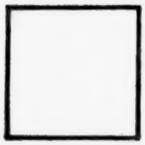
____ *visual figure-ground* distortion
____ *memory* impairment
____ visual-motor *integration* problem
____ *dyslexia*
____ problem with *laterality*
____ problem with *directionality*

INTERVENING REMEDIAL STRATEGIES

STRATEGY SYMBOL



Before David can get too far in writing, he'll need to develop laterality—the ability to recognize and discriminate between right and left sides of his own body. You might want to start playing games such as "Simon Says" and "Looby Lou." (Marianne Frostig and Bryant Cratty, among others, have developed sequenced programs to enhance these abilities.)

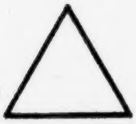


Since he knows colors, put a red stop sign on the right side of his desk and a green circle (for start) on the left. That way he'll know where to begin and stop when writing or reading. (Developmental Learning Materials—DLM—have developed materials to assist in left to right training.)

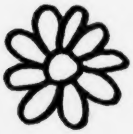
Refer to school psychologist for testing. The child may be retarded and/or need special class placement.

Give him a stencil with his name cut out. David Let him use it to print his name on papers. That way he can be sure that his name is always correct, and he won't be reinforcing bad habits. (DLM and Ideal have other types of stencils.)

If there is a diagnostic person or consultant for children with learning problems, you might want to ask for some help with this child—he will probably need all the help he can get, even when you do zero-in on some problems.

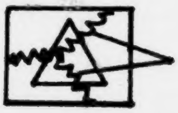


Now might be the time to begin work with some tactile/kinesthetic methods. Perhaps if he could *feel* the way the letters and numbers are supposed to go, he could better duplicate them. (Could use sandpaper letters, finger painting, wooden or plastic cut-out letters and numbers, stencils, etc. Many commercially produced materials are available.)



Utilize his strengths in auditory sequential memory, and have him "say-see-say" the words. (i.e., first let him *spell* "fox," then let him *see* the word on a card—with a picture of a fox—then let him *spell* it again.)

Since he's better visualizing the whole, give him some known wholes that he can take apart and put back together again to form the known whole. It might be better to start with shapes or something that he knows and then progress to letters, numbers and words.



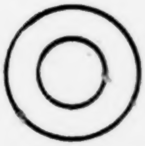
cut here

Since he obviously delights in learning hard words (orally) let him learn one new long word per day. Keep a list posted prominently and ask him to check every so often to see if he still remembers them. (He may memorize the order, so you could put up cards and rearrange them from time to time—making sure he has to utilize *visual* discriminating skills.)

In math, make sure that he has plenty of manipulative materials to augment the auditorially learned addition problems (i.e., he *says* 3 + 1 = 4; give him some blocks or an abacus and have him *feel* three blocks plus one block equals four blocks.) (Creative publications list all sorts of mathematics materials at reasonable costs.)

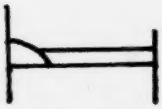
Ask the gym teacher to help with the laterality problem. He'll need lots of reinforcement to learn right-left of his own body. You could ask the gym teacher to specifically *say* "throw the beanbag with your *right* hand," "kick the ball with your *right* foot," "reach with your *left* hand," etc.

Have him practice walking on the balance beam. He can do it pretty well, and he needs success experiences.



Try some "Angels in the Snow" activities to help laterality problem. Some of Newell Kephart's chalkboard activities (for remediation) seem appropriate to try with this child. (You can probably find some of the "Slow Learner Series" books at the local school district office, an associate IMC, or you can borrow from the Regional IMC. They're also available from Charles Merrill Publishers.)

Have him practice crawling to enhance his visual-motor integration.



Wait patiently. If it really is a problem of immaturity, the child will grow out of it.

Give him *many* tactile/kinesthetic experiences with the concepts he lacks (up, down, around, between, more than, less than, etc.). Have him manipulate himself *and* objects into positions that provide examples of the concepts.

L.D. Planning Priorities Game

FOR THE LEADER

NOTES ON CASE STUDY #2

These notes are additional information for the leader on David. You may share this information or not as you desire. A few of the strategies (balance beam ▭, crawling ◇ and waiting ⊳) may be viewed as unnecessary. In fact, a discussion could be elicited regarding the "it won't do any harm" approach.

A. Some of the "clues" that point to the possibility of David's having a visual or visual motor problem and strengths in the auditory area:

1. Visual perceptual problem: low score on Metropolitan, poor performance in letter and numbers writing, inability to name letters of alphabet when presented visually.

2. Strength in auditory sequential memory: name all letters of his name, sing alphabet song, count to 10, supercali..., etc.

B. He seems to respond better to the whole, rather than component parts: addition problems, vocabulary for nouns, alphabet song, his name.

C. Concepts incompletely developed: right, left, (etc.) one-to-one correspondence,--but can learn through drill and practice (shapes and colors).

D. Terms appropriate (rank ordered)

1. visual figure-ground distortion or visual discrimination problem

2. visual-motor integration problem

3. problem with laterality (assumption only)

4. memory impairment (related to concepts and generalizations)

5. visual sequencing (can be combined with #1 problems if necessary)

--immaturity, perceptual problem and dyslexia are ambiguous terms and therefore not really diagnostic

--retarded is inappropriate, unless combined with "developmentally" or some other definitive term (not "mentally retarded")

--directionality is probably impaired, but is not appropriate yet for diagnostic purposes, since it follows achievement of laterality

--auditory sequencing is a strength!

___ Pre ___ Post

CONTENT EVALUATION FORM

1. Which of the following do you feel is the best way of working with an L.D. child?

   ___ a) behavior modification
   ___ b) trial and error
   ___ c) diagnostic/prescriptive process
   ___ d) summative evaluation
   ___ e) all of the above

2. In terms of selecting strategies for working with L.D. children, what type(s) of framework can you use to make decisions?

3. *Answer this question only at the end of the workshop.*

   Considering today's experience, if you were to attend a diagnostic planning session for an L.D. child tomorrow, what new insights could you share with other members?

___ Pre ___ Post

CONTENT EVALUATION FORM

1. Which of the following do you feel is the best way of working with an L.D. child?

   ___ a) behavior modification
   ___ b) trial and error
   _X_ c) diagnostic/prescriptive process
   ___ d) summative evaluation
   ___ e) all of the above

2. In terms of selecting strategies for working with L.D. children, what type(s) of framework can you use to make decisions?

   time framework --when will you try strategies?
   learner framework --what kinds of abilities does learner have; what is reinforcing to him?
   teacher framework --what skills does teacher possess; what skills does she need help with?
   curriculum framework--what has to be taught, and when, during the school years, should it be taught?

3. *Answer this question only at the end of the workshop.*

   Considering today's experience, if you were to attend a diagnostic planning session for an L.D. child tomorrow, what new insights could you share with other members?

WORKSHOP EVALUATION FORM

1. The experience was:

____ a) worth the time spent

____ b) too long

____ c) too short

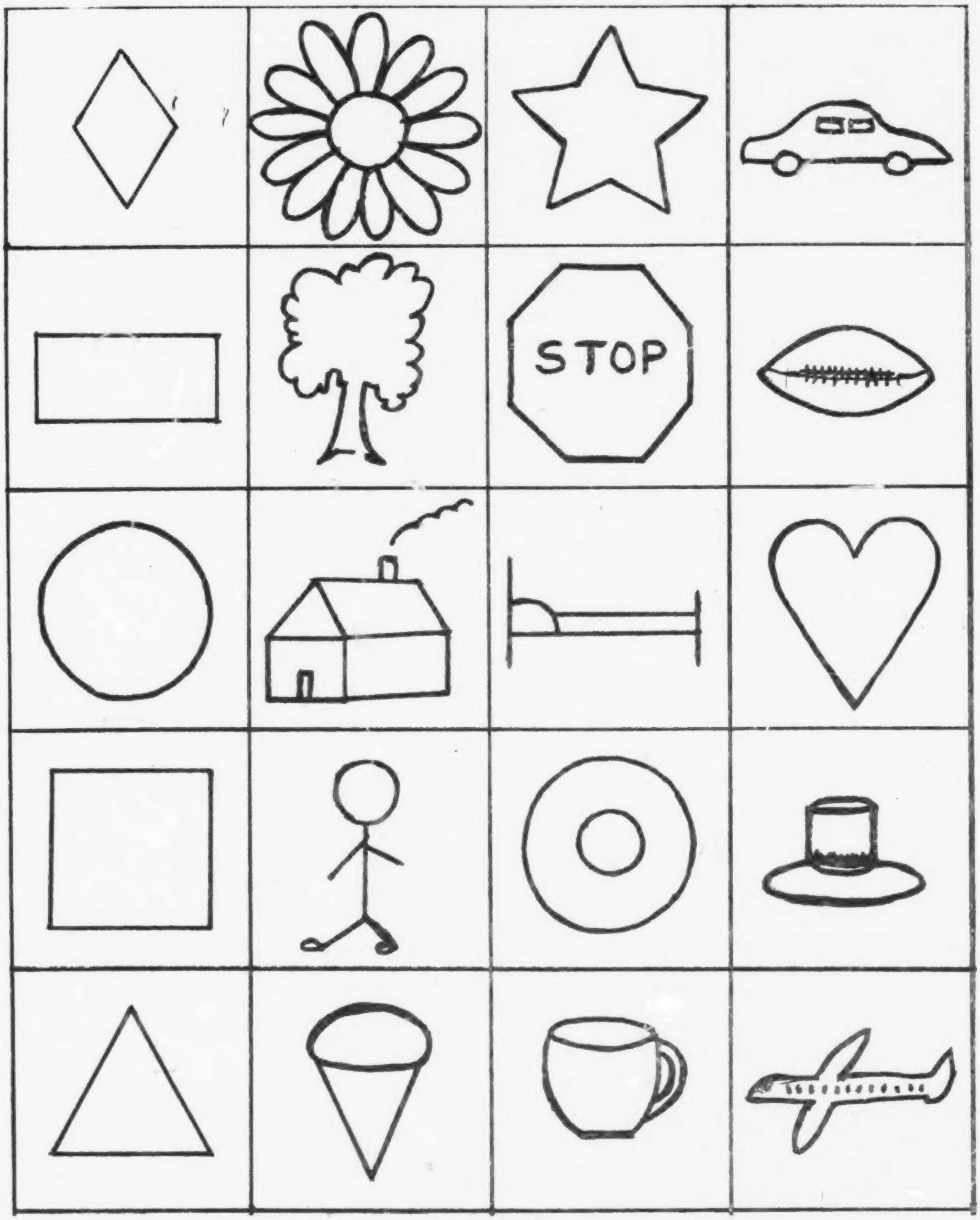
2. Do you think you were adequately equipped (prepared) for the material presented?

____ Yes ____ No If no, explain:

3. How could this workshop strengthen the teaching behavior of a teacher who works with L.D. children?

CHIPS

(Run on heavy stock and cut up)



SUPPLEMENTARY INFORMATION

--GLOSSARY OF TERMS--

(G) indicates general term--useful only when describing broad classification or condition. Not usually accepted in diagnostic/prescriptive process.

(D) indicates diagnostic term--this term, when used in a diagnostic/prescriptive process allows a teacher to plan specifically for a particular problem.

aggression (problem) (G):	a tendency to forceful, outgoing action; hostility or behavior directed toward hurting another individual.
attention (problem) (G):	better indicator would be short attention span which suggests an inability to concentrate on one thing for very long even without distracting influences.
auditory figure-ground distortion (D):	inability to identify intended auditory stimulus from background noises. (i.e., cannot hear directions given if there is other than absolute silence.)
auditory perception (problem) (G):	the inability to hear sounds; in listening and in reading, the inability to hear the vowels and consonants in words that differentiate one word from another. (Category would include deficits in auditory acuity, auditory discrimination, auditory analysis, auditory figure-ground perception, etc.)
auditory sequencing (problem) (D):	the inability to recall prior auditorially presented information in correct sequence and detail.
creative learner (G):	one who processes and acts on information, both internal and from the environment, in a manner which could be inferred to be "different." Creative children may often linger over an activity or leave it abruptly.
directionality (problem) (D):	the inability to project right, left, up, down, front, behind, and directions from the body INTO SPACE. Follows attainment of laterality.
distractibility (D):	the tendency for one's attention to be easily drawn to extraneous stimuli or to focus on minor details with a lack of attention to major aspects.
dyslexia (G):	partial inability to read, or to understand what one reads silently or aloud.
expressive language problem (D):	inability or difficulty in communicating thoughts, perceptions, etc. in speech or writing.
hyperactivity (G):	pertaining to or marked by EXCESSIVE overactivity. Overactivity may be noted in verbal or motor behaviors.

immaturity (G):	behavioral and/or physical evidences that suggest learner is performing below norms for chronological and/or mental age groups.
laterality (problem) (D):	inability, particularly in carrying out motor acts, to employ the hand, foot, eye and ear on the same side. The consistent establishment of a preference for one side may not appear until chronological and mental age of seven.
memory (problem) (G):	better term would be memory span, which describes the number of related or unrelated items that can be recalled immediately after presentation. Presentation can be auditory or visual, and recall of items may relate to method of presentation.
perceptual problem (G):	impairment of the mechanism by which the intellect recognizes and makes sense out of sensory stimulation; which includes mental association of present stimuli with memories of past experiences. Impairment can be in only one area or in a number of areas; particular area needs to be described. (For example, visual sequential memory.)
retarded (G):	retarded child: "a child who fails to develop at the rate of the average child because of intellectual, social, emotional, educational, or physical factors, singly or in combination."
visual discrimination (problem) (D):	inability to distinguish one object from another when seen (pictures, objects, letters, words, etc.).
visual figure-ground distortion (D):	inability to discriminate intended visual stimulus from background visual stimuli. (Ex. cannot pick out one particular word on a page, or do "hidden figure" puzzles.)
visual-motor integration (problem) (D):	inability to see (or visualize) an object (such as a word) and accompany it with the action of saying or writing it.
visual sequencing (problem) (D):	inability to recall prior visually presented information in correct sequence and detail.

SUPPLEMENTARY INFORMATION

--COMMERCIAL PRODUCERS MENTIONED--

Bryant Cratty
Educational Activities, Inc.
Freeport, Long Island, New York 11520

Craig Reader Programs
Craig Panorama, Inc.
2302 E. 15th St.
Los Angeles, California 90021

Creative Publications
P.O. Box 328
Palo Alto, California 94302

Developmental Learning Materials
3505 N. Ashland Ave.
Chicago, Illinois 60657

Educational Design Associates
Box 915
East Lansing, Michigan 48823

Ideal School Supply
11000 S. Lavergne Ave.
Oak Lawn, Illinois 60453

Marianne Frostig materials
Follett Publishing Co.
1010 West Washington Blvd.
Chicago, Illinois 60607

Random House, Inc.
457 Madison Ave.
New York, New York 10022

Slow Learner Series
Charles E. Merrill Publishers
1300 Alum Creek Drive
Columbus, Ohio 43216

Speech and Language Materials, Inc.
P.O. Box 721
Tulsa, Oklahoma 74101

SUPPLEMENTARY INFORMATION

--LEARNING DISABILITIES--

What are learning disabilities? Why have we been hearing so much about them for the last ten years or so? Why is so much of what we hear about learning disabilities contradictory? How are learning-disabled children recognized? Having recognized an apparently learning-disabled child, what can a teacher do? They are the kinds of questions raised and answered here by N. Dale Bryant, director of a year-long federally funded project to coordinate activities in the field of learning disabilities at the University of Arizona. Dr. Bryant, on leave from his regular post as Professor of Psychology and Education at Teachers College, Columbia University has in recent years focused his background in educational and experimental psychology on the remediation of learning disabilities, with a particular concern for reading problems. Following Dr. Bryant's articles is a selection of activities others have found successful in working with learning-disabled children.

EVERY experienced teacher has had in class a learning-disabled child; probably several over the years. He may not have called the child "learning disabled"--the chances are better than even that he didn't. Yet the teacher can bring the child very clearly to mind because, while there didn't appear to be anything wrong with him, he just couldn't seem to learn to read, to write, to spell, or to add. The student he remembers wasn't blind or deaf, or otherwise affected with visual or hearing defects; certainly not recognizable ones. He wasn't mentally retarded; he wasn't physically handicapped; he didn't seem emotionally disturbed, at least not enough to block learning so completely. But no matter what the teacher tried--techniques that worked fine with the majority of his pupils--it didn't help this one. It is just such children that we are now calling "learning disabled," and are trying to find ways to help.

There have always been learning problems in schools, problems that arose from many causes. Some of the causes have been obvious; the child who was mentally retarded, for example, or who was physically handicapped in ways that made regular schooling difficult, or who had behavior disorders rooted in severe emotional disturbances. In the past, most of these children received no formal schooling. Gradually, however, in this country we began to accept the responsibility for educating them. At first this was almost always done by removing handicapped children from the classroom and placing them in a special room or even a special school with others like them. The limitations of such solutions became evident. Clinics and remedial specialists began to work with the children in the community and, stimulated by educators and parent groups, special education classes taught by specially trained teachers appeared, finally to be mandated everywhere.

But when all or most of the children with recognized educational handicaps were thus taken care of, suddenly people in education became more aware of a group of children that seemed otherwise normal but that just could not learn. Was this a new group, or were they children whose problems had before gone unrecognized? Whatever the reason, such problems loomed larger and larger to teachers and parents. The first obvious answer was, as with other handicapped children, to refer them to specialists.

What specialists? A lot of these baffling children had reading difficulties. "Why, these children are being taught wrong, that's the trouble!" And so the great reading methods controversy was ignited, the term "dyslexia" was coined, and much serious work was done in researching the cause and remediation of reading problems. More individual attention and the use of a variety of techniques helped many of the children with reading difficulties. But not all. Many of these school children had behavioral and emotional problems and were referred to the school psychologist. As teachers had concluded from observation, the IQs of these children measured in the normal or even superior range, usually a predictor of academic success. The psychologist often suggested the problem could be a sense of failure and feelings of worthlessness that came from the child's continual failure experiences. His suggestion was to structure teaching so the child would not suffer failures. When this was tried, some children began to learn. Others did not.

Parents, meantime, tried other paths. If the child seemed to be having emotional problems, they took him to a psychiatrist or a mental health clinic. Like the psychologist, the psychiatrist recognized the child's feeling of inadequacy and hypothesized the possibility of an emotionally induced mental block. Treatment consisted of psychotherapy for the child and a recommendation to teacher and parents for a more permissive, less stressful atmosphere. Sometimes it was successful. But often the child was able to understand his problem and talk about it, and still not learn.

Sometimes parents consulted the child's pediatrician. If the physician noted signs of immaturity, he suggested the possibility of the child being "a late bloomer," that he was suffering a maturational lag time would take care of. Sometimes it did.

Many of these children not only had learning problems but suffered from hyperactivity, which is not a normal release of energy but is a sort of forced high level or motor activity. The child literally can't sit still or concentrate his attention. Physicians felt medication should be helpful. They tried tranquilizers but often found them ineffective. Then it was discovered that amphetamines and other cortical stimulants would, in an apparent paradox, help the child focus his energies and attention. Although a misunderstanding of this type of medication not long ago hit the popular press with scare stories about children being "drugged," such medication actually helps hyperactive children control their explosive, runaway behavior, making them more able to learn.

Quite early in the history of working with children with severe learning difficulties, neurologists--specialists in the nervous system--observed they often exhibited symptoms similar to children who had been brain-injured through accidents or birth defects--short attention span, hyperactivity, and perseveration (inappropriate repetition) of responses. This seemed a promising path. Neurologists, psychologists, and educators began to develop the concept that some sort of brain damage was the basis of the children's learning difficulties. They postulated that damage to the brain, by injury or infection before or during birth or in babyhood, caused disturbances in the child's perception, thinking, and emotions, in turn impeding the normal learning processes.

But actual brain injury could not be proved; the realization grew that it was only being inferred from the symptoms. So the label for this group of children changed from brain injured to minimal brain damage, then to minimal brain dysfunction, and neurological impairment. As these terms, and the more specific one of perceptually handicapped, were applied more generally, the old problems cropped up again. There were just too many children with severe learning problems that didn't fit the pattern. Thus working with children with learning problems were specialists from many fields, with their own viewpoints and little coordination. Unifying forces, however, were also at work. Parent groups grew rapidly, following the organizational and political paths broken earlier by parents of more obviously handicapped children. Professionals, both individuals and organizations, began to search for ways to coordinate findings from more than one field. It was then that the term learning disabilities began to be heard. Its rapid acceptance reflected its usefulness in focusing on the problem rather than attempted explanations, disclaiming unitary causes, and recognizing the growing interaction of the various concerned groups. Many of the original labels remain in use, often referring to the same children.

DIFFERING VIEWPOINTS IN THE FIELD HAVE RESULTED IN CONSIDERABLE LACK OF AGREEMENT IN DEFINITIONS OF LEARNING DISABILITIES.

THERE are two definitions of learning disabilities most commonly accepted at present. The first emerged when the Council for Exceptional Children, feeling the need for a Learning Disabilities Division, held a formulation meeting in St. Louis in April, 1967.

"A child with learning disabilities is one with adequate mental abilities, sensory processes, and emotional stability, who has a limited number of specific deficits in perceptive, integrative, or expressive processes which severely impair learning efficiency. This includes children who have a central nervous system dysfunction, which is expressed primarily in impaired learning efficiency."

Another definition, similar but emphasizing the basic nature of the language process, was adopted in January 1968 by the National Advisory Committee on Handicapped Children. This definition has been incorporated into federal legislation.

"Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, and so on. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, environmental disadvantage."

Although most people agree that there is a practical need for such definitions, there are some legitimate misgivings. One is that definitions may restrict the areas of research with the result that some children will not be helped. Learning disabilities include many areas and types of disability, in all degrees of severity.

Another is the tendency for people to feel that progress has been made when a condition is pigeonholed, leading to a slackening of efforts to solve problems that have been so neatly labeled.

A third concern is that classroom teachers may believe that teaching a learning-disabled child is beyond his competence. This is not true. The teacher can help the learning-disabled child, with the aid of a teacher-specialist if he is available, or without him if necessary. In fact, in many areas of special education it is now being felt that the teacher-specialist team, with the child remaining in regular classes as much as possible, is the best way to educate these children. One important reason for doing so is the difficulty of drawing a sharp line between variations in the way children process learning; of deciding that one needs remediation while the other does not. Many of the techniques a teacher learns to use with a child with learning disabilities may in fact be equally useful with children who have only moderate difficulty in some areas.

The number of children with learning disabilities is estimated to be from 2 or 3 percent all the way up to 25 percent of our school population. The figure depends on the estimator's definition of learning disabilities and the place where he draws the line between normal and severe conditions.

When the learning disabilities definition is restricted to children in whom the evidence of specific neuropsychological dysfunction is relatively direct, the estimated proportion is 5 percent or under. A person who claims one quarter of our children are learning disabled is obviously including many children with only minor problems. The figures which appear most often in studies fall between 7 and 10 percent.

Assigning causes for learning disabilities also depends a great deal upon the definition used. Many are considered to be based on some type of neurological dysfunction--a blow on the head with resulting brain damage during or after birth, toxemia, or a viral illness of the mother in the early stages of pregnancy, or possibly a high fever in babyhood. Behavior referred to as organic appears to be the consequence of certain types of such brain damage. Disabilities in learning seem more frequent in babies born prematurely than those who go full term. There may be a genetic factor, as members of the same family--and most especially identical twins--often show the same kinds of learning problems. A theory is growing that there maybe neurological damage from experiential deprivation--that a child who does not have the appropriate experiences at certain critical periods will not develop normally in this regard.

Some learning disabilities may be perpetuated by inflexible school expectations rather than by an actual deficit in the child. For example, some children show a maturational lag--they do not develop as rapidly in certain areas as might be expected for their chronological age. Yet they are given learning tasks they are not ready to do.

Another school-connected problem for children with maturational lag or any learning disability is the destructive sense of failure that many of them develop through pressures to perform. This sense of failure complicates the disability by causing loss of motivation, and emotional disturbance. In addition, a child with a dysfunction may be more vulnerable to stress and anxiety, making him function even more poorly.

WE KNOW, IN GENERAL, WHAT A LEARNING-DISABLED CHILD IS, HOW CAN WE IDENTIFY HIM IN THE CLASSROOM? WHAT BEHAVIORS ARE SIGNALS?

ALONG with identification of children having learning disabilities are new diagnostic procedures for helping them. Some of these procedures focus upon the correlated conditions such as perceptual-motor difficulties and motor-development problems.

Others try to identify the specific dysfunctions of perception, associational learning, or memory that might underlie the learning difficulty.

You, the teacher, play a central role in the recognition of a child with learning disabilities. You are also the person upon whom falls the major responsibility for remediation. Whether you have the help of a specialist or not, you have the best opportunity to learn most about the child, in day-to-day teacher-student relationships. You also have the most to say about altering the school environment to minimize the effect of the child's disability.

The resources available to you may be a learning disabilities specialist, a clinic, a school psychologist with some learning disabilities expertise, or a remedial reading specialist. If you have such resources, you will of course call upon them. But even if you don't, there is much you can do. Many methods have been developed, tried, and found useful. Tests and materials are currently available. The learning disabilities specialist can advise and guide, using his experience to focus on the approaches most likely to be successful. Much of remediation, however, is done by using feedback from the child. First you analyze the specific problem, then devise a remedial procedure. If it works, you can go on to the next step. If not, try another procedure. Actually, this is all anybody can to.

In his important role of detective, a teacher of children in nursery school or kindergarten--before the child is given formal learning tasks--should watch for patterns of behavior. Some of these are:

Hyperactivity
Short attention span
Impulsivity
Distractibility
Emotional outbursts
Erratic body control
One-sided physical development
Poor eye-hand coordination
Language defects
Speech and hearing disorders
Immaturity
Problems with sequencing
Difficulty in recognizing or reproducing symbols
Difficulty in learning abstract concepts
Language difficulties--some experts feel these are the most significant indicators.

When children begin to be taught specific skills, a teacher will have other clues. A child who is obviously not "slow" in some areas may have problems in other areas and not respond to regular teaching techniques, or even to techniques that work with children who just need more time to learn.

One of the first steps a teacher should take in a suspected case of learning disabilities however, is to determine whether the problem might not be of missed instruction in one of the vital first steps in learning a skill. In other words, it's not that he couldn't learn, just that he didn't.

A second step is to make sure there is a definite discrepancy in what the child can be expected to do and what he is being asked to do. School records, observations of other teachers, and such indications as a normal or superior IQ measurement, as well as your own observations, are useful in providing information about the child's general level of ability.

Third, the teacher should be very aware of the possibility of vision or hearing handicaps that may be retarding the child's learning. Once again, it is the teacher's observation of the child's performance that may be the most useful check on visual and auditory acuity. If you have any such suspicions, a referral to the school nurse or to outside specialists is certainly indicated.

Next the teacher needs to evaluate the extent to which motivation is lacking, or how much a fear of failure or related emotional factors is interfering with the child's attention and concentration. This will take observation of the way the child approaches a new learning task, which can be done in a small-group situation but perhaps is best handled one-to-one. If the child is motivated in some tasks but not others, if he is afraid to tackle only certain tasks, he may be indicating a specific learning disability.

On the other hand, a child who exhibits general indifference to schoolwork or an avoidance of all learning disabilities. His disability may cover more than one kind of task, or he may have given up trying to learn entirely after previous failures. He may also be pretending not to want to learn in order to avoid anticipated failure.

In either case, the teacher should try to work at least for a little while in an individual situation with the child. Choose a different task than those he has been having trouble with. Make the task simple so he can focus his attention on it, make it brief and structured so he can see a chance for success, and present it in as interesting a way as possible. To increase motivation and involvement in the learning task, it may be useful to use techniques of behavior modification such as those described in the October '71 issue of INSTRUCTOR. If all these things are done and it becomes apparent that the child is really trying to learn, then the evidence of an underlying disability is strong. But you should still continue to work with motivational and emotional problems. Anything a teacher can do to alter the child's poor expectations of his performance and to build his feelings of adequacy will support the learning disability remediation procedure.

HOW CAN CHILDREN WITH LEARNING DISABILITIES BE HELPED?
HOW CAN THEIR PROBLEMS BE REMEDIED OR CIRCUMVENTED?

IN THE remediation of learning disabilities, instruction is very largely a matter of breaking down the skill to be learned into very small steps involving simple and uncomplicated elements. A child with a learning disability must be able to focus on a single element so he can concentrate his attention and be successful. Then the child must overlearn the element--learn it and practice it until his response becomes automatic. This tends to prevent forgetting and also makes it easier for the learning to be used. Next he must practice in more and more complex situations, because children with learning disabilities often have difficulty in transferring what they learn from simple to more complex forms. Finally, an element that has been learned must be integrated with previous learnings in the skill sequence being developed.

In order to carry out these steps, the child's specific dysfunction must be determined. Does the child seem to have difficulty in associating sounds with symbols? Does he have trouble blending sounds that he has associated? Does he have trouble with visual reversals, with discrimination of b and d, of was and saw? Does he confuse the sounds of m and n? Do his errors suggest trouble with discrimination of individual letters, or is he not paying attention to the details within words? Is he having trouble associating the word "seven" with the correct number of physical objects, or the symbol 7 with the word? Such analyses suggest the type of remediation to try.

Think of your teaching as an extension of individualized instruction, using many of the same principles. You also can use two guidelines or rules of thumb that will show you whether or not the techniques you are using with a certain child are effective.

First, the student should be able to perform almost every task you ask him to; second, he should make noticeable progress in each learning session. Each time does something he should do it right, and as a result should be able to perform a little better than he did at the beginning of the session. Activities in which a child makes no progress, and especially where he keeps making errors, are not only ineffective, but may set up negative learning (learning the mistakes) as well as reinforcing old feelings of failure.

To remedy such problems, go back to the simplest and most basic elements in the troublesome skill area. Next, reanalyze the unsuccessful task to see if you asked the child to take too big a step; see if it can be broken down even smaller. A third possibility is that this child can learn by another type of technique, so try to find another way to teach him this increment of skill. If a child has trouble with a visual task, for example, association with auditory and kinesthetic stimuli may be useful.

Let's take as an example of how this might be carried out a child who confuses words that contain M and N. To simplify, the child should first be taught to discriminate between the individual letters, not letters within words. Further simplification of the task might be to have the child discriminate M from other letters by responding, "Yes, that's M," or "No, that's not M." Flash cards can be used that include M and at first only letters of quite different shapes from M. Finally, when the response to M is automatic, N can be introduced. The same thing can be done with N and the two integrated until the child responds to either letter.

Word flash cards can be used with initial letters of M, N, and other letters, then with M or N within the word. The practice continues until the child automatically responds to those that contain both M and N. Next the words should be used in phrases and then sentences. From then on, regular reading practice will probably be enough review to maintain the learning.

With some children with M-N problems, you may find that you have to start even further back than the letter flash cards, perhaps way back to the child forming the M sound as he traces a sandpaper letter. Later discrimination practice may need to include more writing, filling in letters that have been left out of words, and finally writing words as he pronounces them.

A similar example is the case study of Jack, twelve years old, who couldn't read more than a half dozen words, and didn't always recognize them. He couldn't consistently recognize his own name, nor could he write it, although he could copy it fairly well. He couldn't write the alphabet or name all the letters when he saw them. Yet he had had four years of remedial reading work, being read to, studying words, and trying to read.

Jack's general ability level was uneven but seemed a little above average. He did well with arithmetic problems that he didn't have to read. He participated reasonably well in classroom discussions. He was physically well developed and liked to play games. But Jack's reading problem really had him discouraged. He wanted to learn to read but he felt ashamed, and was close to giving up.

The learning disabilities specialist felt that Jack probably had with age developed capabilities that would be useful if he were taken back to being taught beginning letter discriminations. Jack was told to forget everything he ever knew about reading; they would start all over and this time it would work. The specialist found Jack had trouble establishing and retaining a visual image, so used techniques to compensate.

Meanwhile, Jack's teacher arranged his classwork so he could keep up by listening and taking oral tests. Between times, he did his practice exercises. Once he had learned the basic skills, his reading improved rapidly. He continued to work in the classroom with the program individualized for him by the teacher and the specialist, going for help only when he had trouble.

Although the foregoing examples are a practical and workable procedure, there are some areas of controversy that may be useful for you to know about.

There is, for example, a disagreement about whether or not deficient skills should be remediated by going back to the earliest stages of development or trying to keep the task as close to the final learning performance as possible. In the case of the child who could not distinguish between words containing M and N, one group would go back to dealing with the discrimination of simple shapes, then build discrimination of letters and words. Others would try to start with words, going down to practice letters only if necessary.

Another controversy has to do with whether learning disabilities are benefited by working with correlated conditions. Significant numbers of learning-disabled children have perceptual handicaps and/or poor motor development. Some workers in the field feel it is important to overcome the perceptual difficulties or develop the motor functioning as ways to help the learning disabilities. Others state that it is more likely that the correlates and the learning disabilities arise from some common neurological dysfunctioning, and while perceptual training and motor development may be worthwhile in themselves, such remediation doesn't affect the disability. It is true that the transfer of any gain to improvement in reading skills has not been well demonstrated by research.

Not everyone agrees about the value of using multisensory techniques. For the child to achieve meaning, it probably is necessary for him to integrate vision, hearing, and haptic or kinesthetic sensation, but how to help it happen is not known. Some people present such stimuli together, relying upon the child's associative powers. Others feel this bombards the child with more stimuli than he can handle.

Another question under discussion is whether a teacher should work with the things a child can do well or with those he does poorly. For example, there are two interacting mental systems for recognizing words in reading. One is by configuration (sight words), which is predominately visual; the other is decoding, which is mostly by sound association. A child with reading difficulties will frequently have great trouble with one of these but not the other. It seems most successful to do both--utilize the child's strengths to provide confidence-building success and to work to overcome his weakness by making equally confidence-building progress.

A great deal of research is needed not to decide who is right in the various areas of disagreement but to discover under what conditions each is right. For obviously, we do not yet clearly understand learning disabilities. One thing we are clear about is the complexity of the problem. Programs that suggest unitary solutions, no matter how fervently they are believed in and promoted, will never be the final answer. We must seek a multiplicity of answers, which hopefully can someday be tied up in a neat and elegant theoretical package.

Whether or not we completely understand their problems, the children with learning disabilities are in our classrooms and need our help. Some of the help may consist merely of letting the children get older, because for reasons we can now only speculate about, children with learning disabilities often improve with time. Help may consist of early recognition and prevention; it may also consist of restructuring our schools to change the destructive effects of failure. And, of course, a great deal of help will come from the growth of knowledge through the experience and researches of persons who have interested themselves in this field.

As a teacher, you can begin by understanding that these children do have problems, made even more bewildering to them by the fact that adults around them do not recognize it. You can, through reading and study, seek understanding and direction. You can look for the help that is becoming more easily available year by year. You can do what you are able, with specialist aid or without it, to teach your learning-disabled children to make progress in overcoming their difficulties. Finally, whether or not you find their learning problems within the reach of your professional skill, remember that you can be the most effective force in helping such children maintain their integrity and confidence as worthwhile human beings. You can do something about learning disabilities.

SPECIFICALLY, WHAT CAN WE DO? HERE'S A GRAB BAG OF IDEAS FOR WORKING WITH LEARNING-DISABLED CHILDREN. TRY THEM, ADDING YOUR OWN IDEAS AS YOU GO.

HERE are suggestions for activities that can be used for those learning-disabled children whose problems indicate the need for these exercises. Notice that most of them call the child's attention to details (by color coding, and so on); they make him stretch his memory (especially for sequence); they have him make associations between seeing, hearing, and feeling. Whatever activity is used, teachers should make it relevant to the child himself, using words he wants to write, objects he wants to count. As you gain experience, you'll find yourself becoming quite adept at creating and adopting materials for each child, pinpointed to his problem and his reaction. Careful work with the student, being sympathetic but insisting firmly that he do his part well, will over a period of time show which techniques are most productive.

READING

Introduce words orally in contexts which carry their meanings, not in isolation.

In focusing on particular word elements--initial consonant sound-symbol relationships, for example--have the child write the letters as well as identify them visually.

Develop sequences in which the child hears the letter sound, sees the letter shapes, and writes the letter.

At first, the child should trace letters with his finger in a layer of salt or fine sand. Or he may write with a finger dipped in fingerpaint. Later, he can trace in the air.

When he is beyond letter practice, have the child trace words. Write or print a word for him and let him trace it with his finger until he feels that he knows it. Then remove the model so he can write the word from memory, pronouncing it as he does. If he makes an error, he should not erase, but start over at the beginning of the word.

Use color--have the child write with crayons, felt-tip pens, soft color pencils.

Use the chalkboard. Write a word in large letters, have the child trace it, then write it. Provide guidelines and mark the "starting point" for each letter if necessary. Use colored chalk.

Build reading vocabulary from the child's experiences. Record short stories or reports the child dictates, focusing on key words in ways suggested above. The stories can start as simple noun-verb sentences.

Type the child's dictated work. Make two copies, cutting one into words and keeping the other one whole. Have the student "put the story back together." Later cut the story into thought phrases rather than words. Use this same technique with selections from the basal reader.

Cut apart the boxes of a comic strip and let the child put them back together. Start with the short ones from the daily paper; progress to the Sunday comics.

Have the child keep a box or notebook of cards containing "Words I Know." Working in pairs or teams, have children help each other review these often.

From time to time, have the child use his review word in an oral sentence. (As, "Run--I can run fast.")

Have the word box or notebook divided into sections marked by letters of the alphabet. Children can quite easily compare initial letters and file the words correctly. Thus they learn alphabetical order through use and not by rote.

Make large flash cards with words suggesting position concepts, as above, under, middle, longer, behind, last. Below the word have the child illustrate the meaning with a simple drawing, then tell what his drawing shows.

Have the child add pictures to his drill cards, drawing or finding appropriate ones. These should be both name words as house, street, bus, dog, and action words as run, jump, sit, play. The back of the card should have just the word alone. These can be used for self-teaching practice.

Develop or buy "read along" materials by which the child hears and sees words at the same time. Not all materials need be fictional. Some children may be more interested in informational materials on frogs, cars, cowboys, and so on.

Select or develop materials for the student to copy, then to write from dictation after study. Proceed to dictation from unstudied material. Encourage copying by phrases rather than word by word. In dictating, dictate by phrases, have the student repeat it and then write it.

HANDWRITING

If a child makes reversals, have him trace with his finger and use the other techniques suggested with letter shapes with particular emphasis upon direction.

Provide models and let the child trace them, but don't insist on uniformity.

In the case of mirror writing, direct the child always to position his hand close to the edge of the paper (or his body at the edge of the chalkboard) on the side away from his writing hand. For lefties, of course, use the edge on the same side as his writing hand.

SPELLING

Most of the techniques used for word memory and recognition also can be used for spelling errors. The alphabetized word box or notebook can be used as the child's own dictionary.

Be sure the child is pronouncing a word he misspells correctly. Pronounce it carefully yourself as a model, not letter by letter but by syllables.

Provide practice pages with sentences, leaving blank spaces for the child's spelling words. Also give him the words in jumbled order. Have the child complete each sentence by writing the correct word in the blank. Have him read the sentences.

Let the child copy his spelling words on a typewriter.

Get a rubber-stamp set of letters and an ink pad and have the child "print" the words. (Don't do this for a child working through reversal problems.)

ARITHMETIC

Counting and sorting small objects is a good basic activity. Let the objects be something with personal meaning to the child, as acorns or pebbles he collected, clay or dough beads he made, or shapes he cut from colored paper.

Number the pages and tear apart a comic book or child-made book. Have the student collate the pages in order.

Play bingo with a nine-place card, progressing later to sixteen places. Progress to playing calendar-page bingo.

Have a child look up phone numbers and arrange number flash cards in the correct order. If possible, let him use a telephone to make calls so his work is rewarded.

Play with dominos with the backs up, identifying numbers by feeling the dots. First just have the child call out the number; later play domino games the same way.

Tape the numeral on the back of the domino and play matching dots and numbers.

Let the child set specified times on a clock, identifying the times not only by number but by clues such as "When we have recess." Let the child set his own times, tell you what they are, and what happened or will happen at that time.

Number the child's fingers and have him type a list of numbers or list them on the tape of a type-style adding machine.

Write the number problems both horizontally and vertically and have the child match them. Later have him reproduce one form from the other. Be sure in the vertical form that the numbers are in correct columns.

Have him practice number combinations by showing him flash cards too quickly to count on his fingers or even say mentally, "Two and three is five." just "five."

Have one side of number-combination flash cards with the sum written and the other side without it. Use for self-checking.

Instructor, 1972, April

WORKSHOP TRAINING KIT

POLAR ALGEBRA

PRIMARY AUTHOR

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FOR HANDICAPPED CHILDREN AND YOUTH

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POLAR ALGEBRA

--LEADER'S GUIDE--

OVERVIEW

POLAR ALGEBRA is a workshop activity that is designed to:

--demonstrate what it feels like to have a learning problem.

--demonstrate alternative instructional approaches that can be used with someone that has a learning problem.

Participants are shown a mathematical problem and asked to solve it using the "rules of Polar Algebra." Almost all of the participants will have difficulty solving the problem. Each participant then is asked to select one of four instructional approaches to assist in remediating the problem. Following the remediation they are presented with another problem. There will still be some participants who will have difficulty with this new problem. Once again, remediation is provided. Finally, a last problem is provided and almost everyone will get it correct. The activity concludes with a discussion period.

OBJECTIVES

Through the activity the participant will

--experience what it feels like to have a learning problem.

--have an opportunity to select a preferred remedial approach.

At the conclusion of the activity the participant will

--be able to list four different remedial approaches that can be used with children who have learning problems.

--be able to relate the feelings of a learner who is experiencing learning problems.

PREREQUISITES

There are no special prerequisites for either the leader or participants to successfully participate in this activity. However, the leader should become very familiar with the rules of Polar Algebra prior to the activity.

TIME NEEDED

The entire activity takes approximately one hour.

Introduction	5 minutes
Problem #1	5 minutes
Remediation	10 minutes
Problem #2	5 minutes
Remediation	10 minutes
Problem #3	2 minutes
Discussion	20 minutes

MATERIALS NEEDED

1. TO BE DUPLICATED:

All pages to be duplicated are marked "Duplicator Page #__" in the upper right hand corner. Use the pages in this kit so marked as masters. The pages marked "Transparency Page #__" should be used as masters to process overhead transparencies.

--Step-Wise Approach	Duplicator Pages 1-4
--Independent Investigation	Duplicator Page 5
--Rules of Polar Algebra	Duplicator Page 6
--Learning Through Observation	Duplicator Page 7

NOTE: You will need a quantity of each of these handouts (Duplicator Pages 1-7). Since, however, participants will select which one they want, it will be impossible to know in advance how many to prepare. Make sure you have enough!

ONE FOR EACH PERSON:

--Content Evaluation Form	Duplicator Page 8
--Workshop Evaluation Form	Duplicator Page 9

2. OTHER MATERIALS:

--Problem #1	Transparency Page 1
--Optional Instructional Approaches	Transparency Page 2
--Problem #2	Transparency Page 3
--Problem #3	Transparency Page 4
--Envelopes for Duplicator Pages 1-7 (Label each envelope according to what instructional approach it contains--Step-Wise Approach, etc.)	
--Overhead projector	

PHYSICAL ARRANGEMENTS NEEDED

Movable chairs set up in an auditorium arrangement is okay, but tables and chairs is preferable. If tables are used, four participants per table is advisable. It is important to have flexible seating for this activity to allow participants to change seats if needed.

PROCEDURE

1. If you will be using a pre-test (Content Evaluation), you should administer it at the very beginning.

2. Briefly describe the activity:

   "During this activity you will have an opportunity to experience what it feels like to have a learning problem. You will also have an opportunity to work through your problem. I am going to show you a transparency that will demonstrate a problem that has been solved according to the rules of Polar Algebra. I will then ask you to solve a Polar Algebra problem."

3. Project Transparency #1 (cover the bottom part with a piece of paper).

   "Solve this problem according to the rules of Polar Algebra. You may use a piece of paper to help in your computations."

   (Allow 3 or 4 minutes)

   Call for participants to tell their answers.

4. Uncover the answer.

   "How many got the problem right?"

5. Project Transparency #2.

   "You will now have an opportunity to select the manner in which you will receive instruction in Polar Algebra. Examine these four options and select the option you would like to use for receiving instruction."

   Read through the four options with the participants.

6. Hand out to each participant an envelope with the type of instruction that participant would like to receive. (Duplicator Pages 1-7)

7. Allow about 10 minutes for individual instruction.

8. Briefly discuss the four different options and the participants' reactions to them.

9. Introduce next problem:

   "Now you have had a chance to better understand the rules of Polar Algebra. Let's see if you are able to do the next problem."

10. Project Transparency #3 (cover the bottom part with a piece of paper).

    "Solve this problem according to the rules of Polar Algebra."

    NOTE: The participants do NOT realize that a verticle line means "subtraction." The problem is easy to solve if turned on its side and treated as a normal subtraction problem.

    Allow 3 or 4 minutes.

    Call for participants to tell their answers.

11. Uncover the answer.

    "How many got the problem right?"

    At this point, assign those that got the problem correct as "teacher assistants" to help those that didn't get it correct. Have the assistants first ask their "students" to specify how they would like to receive instruction. Then, the assistants should provide instruction in that manner.

    Allow about 10 minutes for instruction.

12. Briefly discuss the instructional procedures that the assistants used.

13. Introduce the last problem (project Transparency #4 with the bottom part covered).

    By now everyone should be able to solve the problem.

14. Conduct a group discussion of the activity.

15. Post test (see the last pages of this guide for content evaluation and workshop evaluation forms).

DISCUSSION GUIDE

There are two different topics that you should probe during the discussion. The following questions should assist in your discussion of the activity.

Topic 1 - The feelings associated with having a learning problem.

"What kinds of feelings did this activity promote?" (i.e., frustrated, annoyed, challenged, belittled, etc.)

"Why did the activity promote these feelings?" (Didn't know the rules at the beginning, went too fast, saw others being successful, etc.)

"How are these feelings similar to the feelings of a child with a learning problem?"

"What can be done to assist in alleviating the negative feelings?"

Topic 2 - Optional procedures for instructing children with learning problems.

"How did you like the opportunity of having optional instructional approaches that you could select?"

"Did the optional instructional approaches assist you in learning?"

"How can optional approaches be used successfully in the classroom with a child who has a learning problem?"

EVALUATION

Two forms are provided which can be used to help you gather data on content learning and the workshop activity itself. On the content evaluation form we have included in italics those answers most frequently occurring during our field testing of the kit. Perhaps they will assist you to evaluate your workshop responses.

PROBLEM #1

THIS PROBLEM IS CORRECT ACCORDING TO THE RULES OF POLAR ALGEBRA

$$\begin{array}{cccc} 8 & 7 & 8 & 7 \\ \hline E & 2 & G & 1 \\ E & F & C & G \end{array}$$

SOLVE THIS PROBLEM

$$\begin{array}{c} \boxed{?} \\ \hline G \\ D \end{array}$$

WRITE YOUR ANSWER ON A SHEET OF PAPER

THE ANSWER IS $\boxed{9}$

OPTIONAL INSTRUCTIONAL APPROACHES

YOU HAVE FOUR OPTIONS FOR RECEIVING INSTRUCTION IN HOW TO SOLVE THIS POLAR ALGEBRA PROBLEM.

OPTION #1—STEP-WISE APPROACH
Programmed Instructional Sequence

OPTION #2—INDEPENDENT INVESTIGATION
Using Prior Learning in an Unstructured Setting

OPTION #3—THE RULES OF POLAR ALGEBRA

OPTION #4—LEARNING THROUGH OBSERVATION
Watching How Others Learn

PROBLEM #2

THIS PROBLEM IS CORRECT ACCORDING TO THE RULES OF POLAR ALGEBRA.

6	1	5
2	6	6
5	2	2
4	4	0

SOLVE THIS PROBLEM

6	3	$\boxed{?}$

WRITE YOUR ANSWER ON A SHEET OF PAPER

THE ANSWER IS $\boxed{3}$

PROBLEM #3

THIS PROBLEM IS CORRECT ACCORDING TO THE RULES OF POLAR ALGEBRA.

G	5	1
C	G	6
E	2	1
D	D	A

SOLVE THIS PROBLEM

F	D	$\boxed{?}$

WRITE YOUR ANSWER ON A SHEET OF PAPER

THE ANSWER IS $\boxed{2}$ OR $\boxed{C}$

STEP-WISE APPROACH

You have elected to use a *Step-Wise Approach* (Sequenced Approach) to learning Polar Algebra. In this step-wise approach you will be presented a programmed instructional sequence to assist you in learning the basics of Polar Algebra. Go through each step in order. Do not omit steps. Make sure you have completed each step correctly before going to the next step. The answer for each problem in the instructional program is given at the top of the page directly following the problem.

Good luck!

P.S. Please leave your envelope face up on the table.

PROBLEM #1

$$\begin{aligned} D + D &= 6 \\ E + E &= 8 \\ F + F &= 10 \\ G + G &= \boxed{?} \end{aligned}$$

ANSWER TO PROBLEM #1

$$G + G = \boxed{12}$$

PROBLEM #2

$$\begin{aligned} D + 3 &= 6 \\ E + 4 &= 8 \\ F + 5 &= 10 \\ G + 6 &= \boxed{?} \end{aligned}$$

ANSWER TO PROBLEM #2

$G + 6 = \boxed{12}$

PROBLEM #3

$B + B = 2$

$B + C = 3$

$B + D = 4$

$B + E = \boxed{?}$

iv

ANSWER TO PROBLEM #3

$B + E = \boxed{5}$

PROBLEM #4

$A + A = 0$

$A + B = 1$

$A + C = 2$

$A + D = \boxed{?}$

v

ANSWER TO PROBLEM #4

$A + D = \boxed{3}$

PROBLEM #5

$B + C = 3$

-OR-

$$\begin{array}{c} 3 \\ \hline B \\ C \end{array}$$

$C + C = 4$

-OR-

$$\begin{array}{c} \boxed{?} \\ \hline C \\ C \end{array}$$

vi

ANSWER TO PROBLEM#5

$$\frac{\boxed{4}}{\begin{matrix} C \\ C \end{matrix}}$$

PROBLEM #6

$$\frac{\boxed{?}}{\begin{matrix} C \\ D \end{matrix}}$$

ANSWER TO PROBLEM #6

$$\frac{\boxed{5}}{\begin{matrix} C \\ D \end{matrix}}$$

PROBLEM #7

$$\frac{\boxed{?}}{\begin{matrix} D \\ D \end{matrix}}$$

ANSWER TO PROBLEM #7

$$\frac{\boxed{6}}{\begin{matrix} D \\ D \end{matrix}}$$

PROBLEM #8

$$\frac{\boxed{? \qquad ?}}{\begin{matrix} D & C \\ D & D \end{matrix}}$$

ANSWER TO PROBLEM #8

$$\begin{array}{cc} \multicolumn{2}{|c|}{6 \qquad 5} \\ \hline D & C \\ D & D \end{array}$$

PROBLEM #9

$A = 0$
$0 = A$
$B = 1$
$1 = B$
$C = \boxed{?}$
$2 = \boxed{?}$

ANSWER TO PROBLEM #9

$C = \boxed{2}$
$2 = \boxed{C}$

PROBLEM #10

NOW TRY THE ORIGINAL PROBLEM

INDEPENDENT INVESTIGATION

You have elected to use an *Independent Investigation* approach to learning Polar Algebra. Use your time as you feel will be most beneficial. Work independent of the other learners. You may want to find a quiet corner.

Good luck!

P.S. Please leave your envelope face up on the table.

RULES OF POLAR ALGEBRA

You have elected to use the *Rules of Polar Algebra* to help you learn Polar Algebra. The rules for Polar Algebra are:

Rule #1 Each letter of the alphabet has a digital value. A = 0, B = 1, C = 2, D = 3, etc.

Rule #2 In Polar Algebra the adding is done upward.

Rule #3 The sum of adding is shown above the horizontal line.

Rule #4 Numbers and letters may be mixed.

Rule #5 Above the letter "G" only numerals are used.

P.S. Please leave your envelope face up on the table.

LEARNING THROUGH OBSERVATION

You have elected to learn Polar Algebra by *Learning Through Observation.* You may move freely about the room and observe how others are learning. You may ask questions of the other learners, but try to *limit your interaction* since they are also trying to learn.

Good luck!

P.S. Please leave your envelope face up on the table.

Polar Algebra

Duplicator Page #8

___ Pre ___ Post

CONTENT EVALUATION FORM

1. List four optional instructional procedures that can be used with a child who is having a problem learning how to multiply.

____

____

____

____

____

2. What feelings does a child with a learning problem usually have when confronted with a difficult problem?

Answers to Duplicator Page #8

___ Pre Post

CONTENT EVALUATION FORM

1. List four optional instructional procedures that can be used with a child who is having a problem learning how to multiply.

Provide rules

Provide step-by-step programmed instruction

Allow independent investigation

Allow learners to watch other learners

Provide drill and practice

2. What feelings does a child with a learning problem usually have when confronted with a difficult problem?

--frustrated

--annoyed

--belittled

--bewildered

--etc.

WORKSHOP EVALUATION FORM

1. The experience was:

___ a) worth the time spent

___ b) too long

___ c) too short

2. Do you think you were adequately prepared for the material presented?

___ Yes ___ No If no, explain.

3. How does this workshop experience enhance the skills of a teacher of children with learning problems?

WORKSHOP TRAINING KIT

THE ANALOGY GAME

PRIMARY AUTHOR

S. JOSEPH LEVINE

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THE ANALOGY GAME

--LEADER'S GUIDE--

OVERVIEW

This slightly competitive team "game" asks workshop participants to design and use analogies in a timed series of activities.

After a brief introduction to the basic concept of *the use of analogies to express relationships*, participants are given selected words and asked to design analogies. Both individual and group processing may be employed. Then each group member on an individual basis will try to get the members of the other groups to guess his analogies. A scoring period and discussion period follow.

Analogies are a vital link in expressing relationships. Children and adults--especially teachers--who have this skill, will be able to function better in our complex society.

OBJECTIVES

Through the activity the participant will

--have an opportunity to discuss, design and use with other participants at least seven analogies.

--have an opportunity to interact with many other workshop participants.

--experience conflicting emotions.

--have fun (if tolerance for frustration is adequate).

--have an opportunity to discuss both cognitive and affective conclusions and generalizations.

At the conclusion of the activity the participant will

--be able to describe the nature of and the key to a good analogy.

--be able to write at least one analogy.

--be more apt to understand and use analogies in teaching.

PREREQUISITES

For the leader: Familiarity with the information presented in this kit. The leader does not have to be an "expert," but a good understanding of analogies and the skill to use them where appropriate would be helpful. (An excellent reference is

Synectics by William Gordon, New York: Harper & Brothers, 1961).

For the participants: Interest in creative instructional strategies to use with children, particularly those with learning problems. This workshop activity could be run with parents as well as regular and special education teachers and administrators.

TIME NEEDED

Approximately one hour and 15 minutes. May extend a little longer.

MATERIALS NEEDED

1. TO BE DUPLICATED:

All pages to be duplicated are marked "Duplicator Page #__" in the upper right hand corner. Use the pages in this kit so marked as masters. The pages marked "Transparency Page #__" should be used as masters to process overhead transparencies.

FOR EACH GROUP:

One Analogy Game packet to contain:

--eight Analogy Cards	Duplicator Pages 2-3
--tokens (Each group needs a different color token. Small squares of colored paper work well.)	

FOR EACH PERSON:

--Instruction Sheet	Duplicator Page 1
--Content Evaluation Form	Duplicator Page 4
--Workshop Evaluation Form	Duplicator Page 5
--Supplementary Information	Duplicator Pages 6-7

FOR THE LEADER:

--Transparencies to lead Introductory Activity	Transparency Pages 1-5

2. OTHER MATERIALS:

--5"x8" manila envelopes for group packets
--straight pins
--overhead projector
--transparency marking pen

PHYSICAL ARRANGEMENTS NEEDED

Tables and chairs sufficient to seat groups of 5-8 at a table. Since participants will be moving around a lot, it would be advisable to have plenty of room.

PROCEDURE

1. If you plan to use a pre-test (Content Evaluation), you should administer it at the very beginning.
2. Organize and seat participants in EQUAL SIZED GROUPS. A team having fewer members will be at an obvious disadvantage.
3. Introduce Activity:
    a. Transparency 1 will help participants to understand that two things can be related. *("Churchill:Robin" is very apt to stimulate a number of unusual and different relationships.)*

    b. Transparencies 2 and 3 help to explain the concept of the same relationship which can exist between two pairs of things. This specific example helps to illustrate that the nature of the relationship is a key factor.

    c. Transparency 4 further illustrates two relationships that are the same, but which differ in nature from the previous example.

    d. Transparency 5 will begin to get participants involved in the creating of analogies. Try to encourage participants to think of two or three different analogies for each example.
4. Give each group an Analogy Game packet (made up of Analogy Cards and colored tokens--each group has different color).
5. Give each person an Instruction Sheet and a straight pin.
6. Talk through the directions with the participants to make sure they understand.
7. Allow 10 minutes for planning. Circulate to answer any questions and to make sure individuals are completing three analogies.
8. Signal the beginning of the TRADING PERIOD. Allow 5 minutes for this part of the activity. *(The TRADING PERIOD may become hectic. It will be helpful if you carefully observe the nature of the group dynamics for later discussion. Perhaps you could use an analogy to describe what you observed....)*

9. Have groups reassemble for SCORING PERIOD, after which they will move directly into another planning period to complete the remaining four analogies on their Analogy Card. Allow 15 minutes for scoring.

   (NOTE: It may be necessary for groups to collect their tokens to have sufficient to play the second round. You may also want to make modifications or suggestions to the group at this time.)

10. Signal the beginning of the second TRADING PERIOD. Allow 5 minutes.

11. Have groups reassemble for SCORING and DISCUSSION.

12. Conduct group discussion. 20 minutes

13. Post test (see the last pages of this guide for Content Evaluation and Workshop Evaluation forms).

DISCUSSION GUIDE

During the discussion have participants share their experiences with the total group.

--Which analogies were the "easiest" for other participants to get? *(Often people feel that the more concrete the example, the easier it is to understand. Human feelings and emotions are more difficult to communicate.)*

--What was the value of pre-planning in a group? *(Other group members can offer suggestions, give feedback, etc. Much "learning" of a brain-storming variety probably occurred. Small group problem solving can be helpful.)*

--What happened during the Trading Period? *(Did a competitive framework develop? Were people working for TOKENS to the exclusion of all else?)*

--How does this activity transfer to what could be done with children? What will you be doing differently with your students after participating in this activity?

EVALUATION

Two forms are provided which can be used to help you gather data on content learning and the workshop activity itself. On the content evaluation form we have included in italics those answers most frequently occurring during our field testing of the kit. Perhaps they will assist you to evaluate your workshop responses.

I. TWO THINGS CAN BE RELATED:

TREE : FOREST

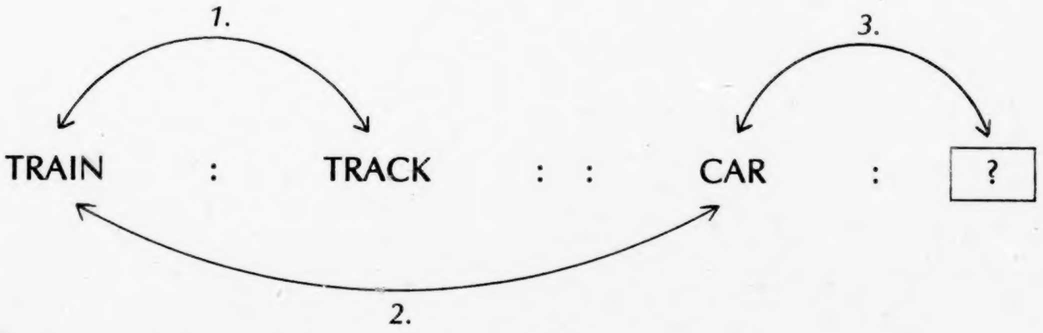
CACTUS : DESERT

CHURCHILL : ROBIN

WHAT SORT OF RELATIONSHIP IS THERE BETWEEN EACH OF THE PAIRS?

IS ANY RELATIONSHIP SIMILAR TO ANY OTHER?

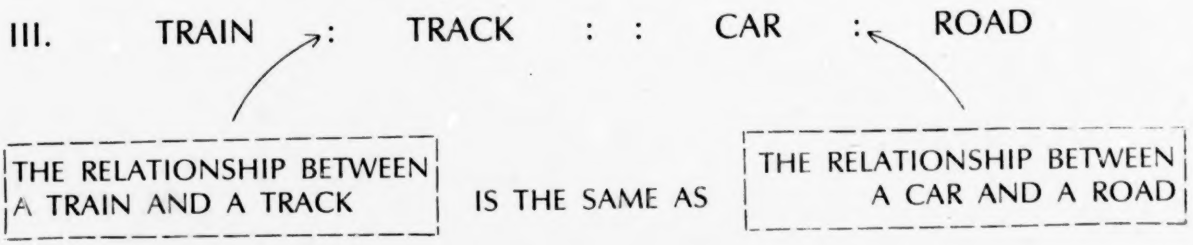
II. TRAIN : TRACK : : CAR : $\boxed{?}$


1.
3.
TRAIN
:
TRACK
: :
CAR
:
?
2.

1. HOW IS *TRAIN* RELATED TO *TRACK?*

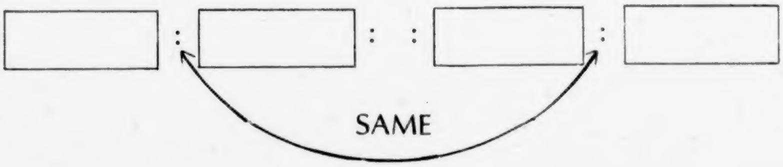
2. IS A *TRAIN* A *CAR?*

3. HOW MUST $\boxed{?}$ RELATE TO *CAR?*



III. TRAIN : TRACK : : CAR : ROAD

THE RELATIONSHIP BETWEEN A TRAIN AND A TRACK IS THE SAME AS THE RELATIONSHIP BETWEEN A CAR AND A ROAD



When the relationship between two things is the same as the relationship between two other things, there is an *ANALOGY*.

IV. AN *ANALOGY* EXISTS WHEN THERE IS A PAIR OF SIMILAR________.

EXAMPLE:

A *DOG* IS TO *BOW-WOW* AS A *CAT* IS TO *MEOW*.

HOW ARE THE TWO RELATIONSHIPS THE SAME?

V. CREATE SOME ANALOGIES.

Analogy #1 HOUSE : ________ : : ________ : ________

Analogy #2 ________ : ________ : : RAIN : ________

INSTRUCTION SHEET

LEARNING OBJECTIVE: To practice the design and use of analogies.

GAME OBJECTIVE: To accrue the most team tokens by creating analogies that another participant can quickly understand.

DIRECTIONS:

1. Pin or tape a colored square to you so that you can be identified as a member of your team. (Each team has a different color.)

2. Divide up the small tokens so that each member has about the same quantity.

3. Take an ANALOGY CARD.

4. Complete any 3 of the 7 analogies on your ANALOGY CARD. (You may do this with the help of your other team members.) You will have 10 minutes to plan.

5. Begin the TRADING PERIOD. (5 minutes)
   - Find a member of another team.
   - Tell him your analogy *without* using the word in the $\boxed{\text{box}}$.
   - Have the other member guess the mystery word. (ONLY *1* GUESS IS ALLOWED!)
   - If he's correct, you both exchange tokens.
   - Now it's his turn. (Exchange tokens only when missing word is correct on first guess.)
   - After you've both tried one analogy, go on to another person.
   - Continue until the end of this TRADING PERIOD.

6. Return to your team for SCORING PERIOD.
   - Count the number of tokens you have collected from other teams.

7. Complete the other 4 analogies on your ANALOGY CARD.

8. Begin another TRADING PERIOD. (5 minutes)

9. Return to your team for SCORING PERIOD.

10. Discussion Period.

ANALOGY CARD

_____ : _____ :: PAPER : _____
DOG : _____ :: _____ : _____
_____ : ABOVE :: _____ : _____
_____ : _____ :: _____ : AFRAID
_____ : CHAIR :: _____ : _____
_____ : _____ :: BUSY : _____
CUP : _____ :: _____ : _____

ANALOGY CARD

_____ : _____ :: CANDLE : _____
COLD : _____ :: _____ : _____
_____ : DOOR :: _____ : _____
_____ : _____ :: _____ : HAPPY
_____ : _____ :: CAR : _____
PENCIL : _____ :: _____ : _____
_____ : BIG :: _____ : _____

ANALOGY CARD

_____ : _____ :: _____ : FLOWER
UP : _____ :: _____ : _____
_____ : BOY :: _____ : _____
_____ : _____ :: TELEPHONE : _____
_____ : TIRED :: _____ : _____
SAD : _____ :: _____ : _____
_____ : _____ :: _____ : BOOK

ANALOGY CARD

_____ : _____ :: _____ : BOX
AIRPLANE : _____ :: _____ : _____
_____ : _____ :: WORRIED : _____
_____ : ROPE :: _____ : _____
_____ : _____ :: _____ : PEN
_____ : DOWN :: _____ : _____
HARD : _____ :: _____ : _____

ANALOGY CARD

_____ : _____ :: HAIR : _____

TELEVISION : _____ :: _____ : _____

_____ : FRUSTRATED :: _____ : _____

_____ : _____ :: _____ : METAL

_____ : EAR :: _____ : _____

_____ : _____ :: AROUND : _____

SOFT : _____ :: _____ : _____

ANALOGY CARD

_____ : _____ :: _____ : OVER

HOT : _____ :: _____ : _____

_____ : LAMP :: _____ : _____

_____ : _____ :: WATER : _____

_____ : SHIRT :: _____ : _____

ANNOYED : _____ :: _____ : _____

_____ : _____ :: _____ : BOTTLE

ANALOGY CARD

_____ : _____ :: TOUCH : _____

SHOES : _____ :: _____ : _____

_____ : FLAME :: _____ : _____

_____ : _____ :: _____ : TREE

_____ : _____ :: FOOT : _____

HEAR : _____ :: _____ : _____

_____ : TABLE :: _____ : _____

ANALOGY CARD

_____ : _____ :: _____ : EAT

EXCITED : _____ :: _____ : _____

_____ : _____ :: WOOD : _____

_____ : UNDERSTAND :: _____ : _____

_____ : _____ :: _____ : RADIO

_____ : RUG :: _____ : _____

SURPRISED : _____ :: _____ : _____

___ Pre ___ Post

CONTENT EVALUATION FORM

1. Analogies can exist between: (check those that are appropriate)

   ___ relationships
   ___ two objects
   ___ parallel events

2. The key to a good analogy is:

   ____

3. Make an analogy around two seemingly unrelated things. (For example, tree and fire truck.)

The Analogy Game

Answers to Duplicator Page #4

___ Pre ___ Post

CONTENT EVALUATION FORM

1. Analogies can exist between: (check those that are appropriate)

_X_ relationships
___ two objects
___ parallel events

2. The key to a good analogy is:

clarity for understanding (simplicity)

3. Make an analogy around two seemingly unrelated things. (For example, tree and fire truck.)

Watch out! Some participants will say that you can't make an analogy from two things. You must have two relationships which implies four things.

tree:ground :: fire truck:road
tree:monkey :: fire truck:fireman

The participant's answer is acceptable if it:

states that you can't make an analogy from two things

--or--

provides two sets of things (two relationships).

WORKSHOP EVALUATION FORM

1. List 4 words that describe your feelings during this activity.

2. Complete the following sentence:

   Given an opportunity to use analogies again, I would

   ____

   ____

3. I, personally, collected a total of __________ tokens.

SUPPLEMENTARY INFORMATION

--ON THE USE OF ANALOGIES WITH LEARNING DISABLED CHILDREN--

Children with school learning problems are very apt to have conceptual disorders in addition to disorders of reception and/or expression. Often, however, these problems are overlooked; perhaps because they are more difficult to detect, perhaps because this type of disorder is more difficult to remediate.

"Concept formation, recognition and manipulation of relationships (including abstraction and generalization), manipulating symbols, and keeping one or more ideas in mind while exploring variables are all necessary to form reasoned judgments and to think logically. All these abilities are involved in learning to read critically, and they play an increasing role as the child grows older."[1]

Kephart suggests that these processes MUST be TAUGHT to learning disabled children. To understand when and how to use analogies in this process, it is first necessary to consider the manner in which generalizations are developed.

INITIAL DATA GATHERING	The development of a generalization begins with the acquisition of an initial datum. Acquisition alone appears not to be a complex neurological process--in fact, children with learning disorders have relatively little difficulty learning isolated facts or isolated responses. Often their rote memory is excessively acute and they pick up isolated facts in quantities and with ease.[2] (They'll often remember clearly a promise you made six months ago.) The first step, therefore, presents little difficulty.
ELABORATION	When the initial datum has been acquired, it is elaborated by the addition of a large number of similar but not identical experiences. The result is a large cluster of related experiences. The normal child, presented with even a simple experience, will introduce many variations into his repetitions of the task. He does this *spontaneously*. The child with learning disorders does not. He is content to perform the initial task over and over again in the same way. However, even though they do not occur spontaneously, extensive variations, both in quantity and quality, can be taught.
GENERALIZATION	If education is to be maximally effective in the life of the child, it must result in the development of generalization. Without this function, educational materials become a mere collection of facts. Unless such facts are brought together and organized, they are not readily available to the child for the solution of his problems. Many children have specific difficulty in putting these learning data together into organized wholes so they can be applied in a variety of situations rather than only in the specific situation in which they were presented. Teaching procedures designed to promote the development of such generalizations are needed.[3]

Analogies are an ideal way to teach relationships. Since children with learning disorders need practice in varying experiences and looking at alternatives, it seems reasonable to propose using analogies. There are at least two kinds of analogies that are useful with L.D. children: direct analogy and personal analogy.[4]

DIRECT ANALOGY	It is probably best to begin with a limited relationship within the child's experience. Often the procedures we use to see similarities will help. "How is a crying baby like an alarm clock?"

There are many obvious relations or similarities that can be encouraged.

To form analogies, two relationships must be the same:

train:track as car:____

In teaching the child to create analogies, it will be necessary to teach: 1) understanding of the first relationship (train:track) and then 2) establishing that this relationship is the SAME for both pairs (i.e., goes along). Then the child will be able to supply the missing link.

PERSONAL ANALOGY This type of analogy is more difficult, but will have high pay-off. Usually, in using personal analogy, we try to utilize inanimate objects:

Q. "Think about your locker for a minute. How would you feel if you were a locker?"

A. "I would feel stuffed--full of stuff I wish weren't there. And my head hurts too--'cuz I'm always getting slammed."

Q. "How would you feel if you were a dishwasher?"

A. Try it--how would you feel?

The key to this type of analogy is involvement in the possible feelings and emotions that could happen. Some children will be happy washing dishes, others will hate it.

Using analogies with children is fun. Perhaps that is the key to really successful learning. But establishing the ability to see relationships in new ways is vital to the learning process. Think about it.

Nancy A. Carlson
August, 1973

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[1] Cruickshank, William M. The Teacher of Brain-Injured Children. Syracuse, New York: Syracuse University Press, 1966.

[2] Kephart, Newell C. Learning Disability: An Educational Adventure. West Lafayette, Indiana: Kappa Delta Pi Press, 1968.

[3] Ibid.

[4] Glatthorn, Allan A. "Affective Education: Teaching with Feeling." Professional Report. New London, Connecticut: Croft Educational Services, Inc., January, 1973.

WORKSHOP
TRAINING
KIT

L.D. CARD GAME

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L.D. CARD GAME

--LEADER'S GUIDE--

OVERVIEW

This workshop activity is designed to facilitate understanding of the symptoms, remedial strategies, and terms that are used in dealing with children who have learning problems. The activity is built around a matching game whereby the teachers, operating in groups, are asked to sort out terms, symptoms and strategies into appropriate combinations.

There are a total of 22 terms introduced in stages during the activity, with each group working at their own pace. Following the small group matching experience, a large group discussion follows which allows the participants to discuss concerns, questions, etc. given a similar base of information.

OBJECTIVES

Through the activity the participant will

- --be able to match diagnostic terms with symptomology and remedial strategies in a process that approximates diagnostic/prescriptive teaching.
- --be able to interact with other participants in a problem-solving situation.
- --be exposed to the technique of using programmed feedback for self-correction.

At the conclusion of the activity the participant will

- --be able to list at least one new idea, concept, or practice that was learned through the activity and that has applicability to the participant.
- --be able to define at least one "new" term.
- --be able to take home a booklet containing the information which the groups have been organizing.

PREREQUISITES

For the leader: Familiarity with the information presented in this kit. The leader does not have to be an "expert" in Learning Disabilities to run this activity.

For the participants: Interest in (but not necessarily knowledge of) the field of Learning Disabilities. The workshop activity runs equally well with regular and special education in-service teachers, regardless of their experience and training.

TIME NEEDED

It is ABSOLUTELY ESSENTIAL to plan for one hour and 15 minutes to one hour and a half. With less time than that, participants feel pushed to accomplish the activity, and learning decreases.

MATERIALS NEEDED *(more explicit instructions appear under Procedure)*

1. TO BE DUPLICATED:

   All pages to be duplicated are marked "Duplicator Page #__" in the upper right hand corner. Use the pages in this kit so marked as masters.

   A. Materials for the workshop activity

   ONE FOR EACH GROUP (cut up and placed in envelopes)

--Pack A	Duplicator Pages 2-5
--Pack B	Duplicator Pages 6-10
--Pack C	Duplicator Pages 11-16
--Pack D	Duplicator Pages 17-23

   ONE FOR EACH PERSON

--Content Evaluation Form	Duplicator Page 24
--Workshop Evaluation Form	Duplicator Page 25

   B. Materials provided as Supplementary (take-home) Information

--Booklet (cover page and game card sheets)	Duplicator Pages 1-23
--"Who Is This Child" (optional)	Duplicator Pages 26-27

2. OTHER MATERIALS:

--prepared transparencies	Transparency Pages 1-2
--overhead projector	

PHYSICAL ARRANGEMENTS NEEDED

Participants MUST have enough room to lay out a maximum of 35 cards, therefore table space of about 3 square feet per group must be provided. Try to arrange for each group of three people to have a separate table if possible. (That means you'll need 10 small tables if you expect 30 participants.)

PROCEDURE

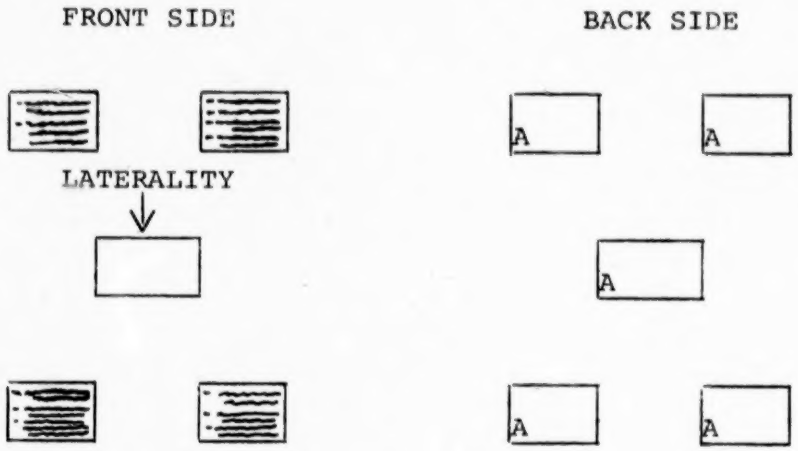
A. Preparatory activity prior to workshop

1. Duplicate sufficient quantities of the game card sheets to cut up for the activity. (If you expect 30 participants, duplicate at least 10 sheets.) Be sure to run them on BOTH SIDES, as the letter coding is essential.

   NOTE: If you are unable to run the sheets on both sides, you can code each card with a penciled letter in the same place that it appears on the attached copy.

2. Cut up each sheet so that you have 5 cards. Each card will have a letter (A,B,C,D) on the reverse side. The letter itself is your clue as to which pack that set of cards will be placed in.

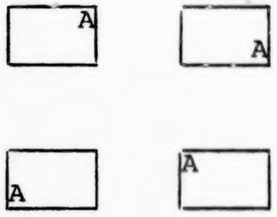
   Example:



These cards would belong in Pack A.

The following four game card sheets when cut up will constitute Pack A:

figure-ground distortion	5 cards
conceptual disorder	5 cards
laterality	5 cards
hyperactivity	5 cards
TOTAL	20 cards



All 5 cards that relate to figure-ground distortion will have an A in the upper-right hand corner on the reverse side. Cards relating to conceptual disorder will have the A in the lower right hand corner of the reverse side. Laterality cards will have an A in the lower left corner, and hyperactivity in the upper left. All 20 cards will have A's on them but in differing positions.

Shuffle the 20 cards together, place them all in an envelope and mark "Pack A." You will need at least 10 Pack A's to run this activity with 30 participants.

3. Follow the above procedure to make all the packs ready. You will cut up 5 sheets for each Pack B, 6 for each Pack C and 7 for each Pack D.

4. Prepare 2 transparencies from the masters provided in this kit.

5. Duplicate the cover page and game card sheets (front only), collate and staple. Have available one take-home booklet for every participant.

   NOTE: This is really important! Participants really want to have this information, and it therefore becomes essential for you to have it available at the end of the activity to take home and use.

6. Duplicate sufficient quantities of "Who Is This Child?" to use as handouts.

   NOTE: This part of the activity is optional. Participants have usually expressed a desire to have this handout also, but in no case is it a substitute for the booklet.

B. Procedure to follow during the workshop

1. Divide the participants into small groups, preferably three, but no more than four per group.

*2. Instruct the groups to clear everything off the tables--they will need a large work space.

3. Provide a brief introduction to the activity. You might want to focus on 1) using L.D. terms diagnostically and 2) in relation to specific strategies for remediation. Mention that they may see new words, but sufficient resources are available--either in the form of the written information on the cards, or from human resources. Also mention that they won't have to take notes--they'll get the information at the end of the activity.

4. Provide each group with the first of four packets (Pack A). and

5. Put transparency 1 on the overhead projector. This will help to explain that the groups are to match

**If you plan to administer a pre-test, this would be an appropriate time.*

the cards so that there are 5 cards that relate to each term (2 symptom cards, 2 strategy cards and one term card). There are four terms in Pack A, and hence 20 cards. The remainder of the packs are as follows:

Pack B - 5 terms, 25 cards
Pack C - 6 terms, 30 cards
Pack D - 7 terms, 35 cards

6. Tell the groups that when they have finished matching all the cards, you will check their work if they'd like feedback.

7. Start the activity. All groups should finish in about 10 minutes.

   NOTE: A good leader will try to emphasize the cooperative nature of the task rather than a competitive group-against-group type of thing.

   When a group finishes Pack A, go to that group and turn over one set of five cards that they have matched. If they are correctly matched, the letter A will appear in the same position on each card. It becomes apparent, then, that they can check themselves.

8. When all groups have finished, ask if there are any questions. Request that the groups shuffle the cards from Pack A and replace them in the envelope.

9. Collect the A Packs and distribute B Packs, telling the groups that there are three Packs left to match.

10. From now on your task is one of managing. As each group finishes a Pack, pick up that envelope and distribute the next one. If any of the groups finish extremely quickly, you might want to hand them the booklet so that they can look over the information.

    NOTE: When observing the groups, bear in mind any special things you see happening for the discussion following.

DISCUSSION GUIDE

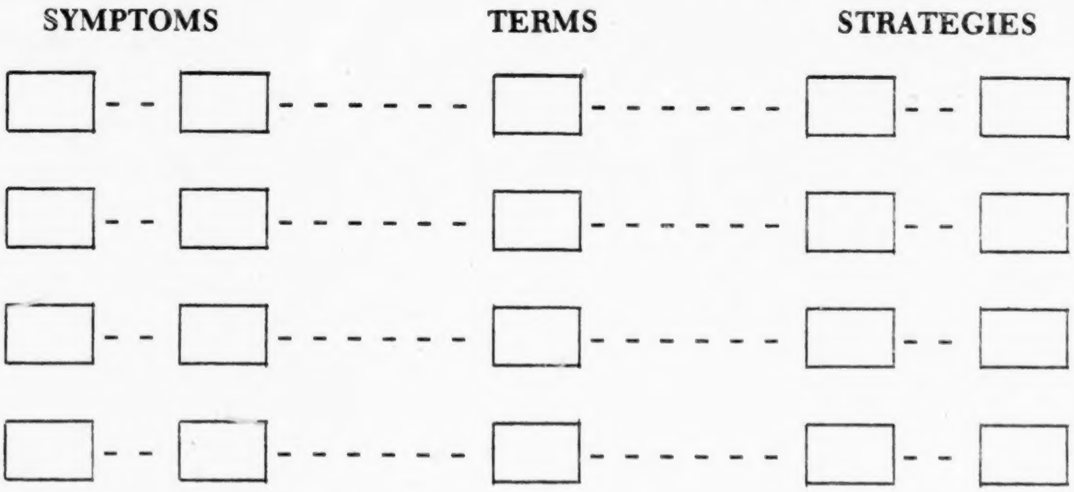
When all groups have finished, conduct a large group discussion with all participants. You may want to use transparency 2 to focus discussion. The activity itself and the transparency will help keep you from having to be an "expert." There will be people in the group who are willing to share their ideas, information, etc.; encourage them to help clarify also.

If you plan to read "Who Is This Child?" now would be an appropriate time. (The message is powerful--there isn't apt to be any discussion following.)

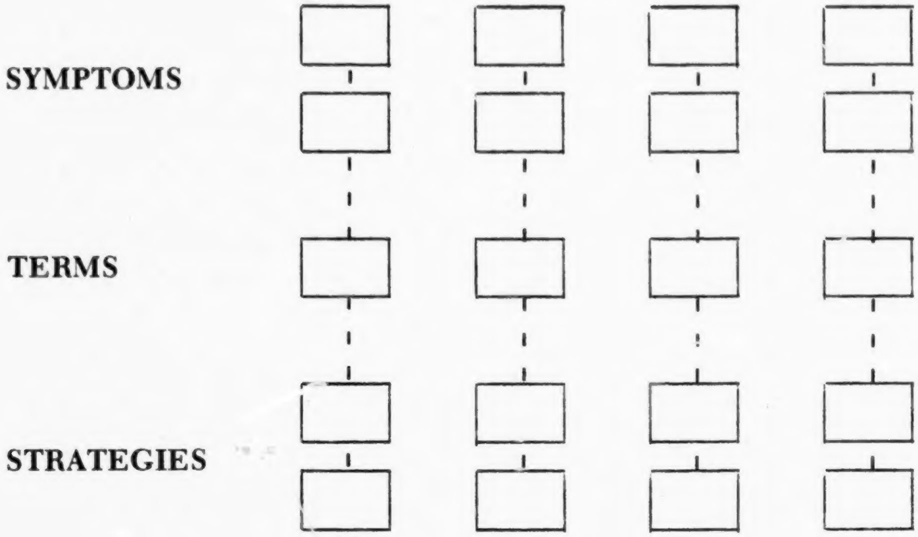
EVALUATION

Two forms are provided in this kit which can be used to help you gather data on content learning and the workshop activity itself. On the content evaluation form we have included in italics those answers most frequently occurring during our field testing of the kit. Perhaps they will assist you to evaluate your workshop responses.

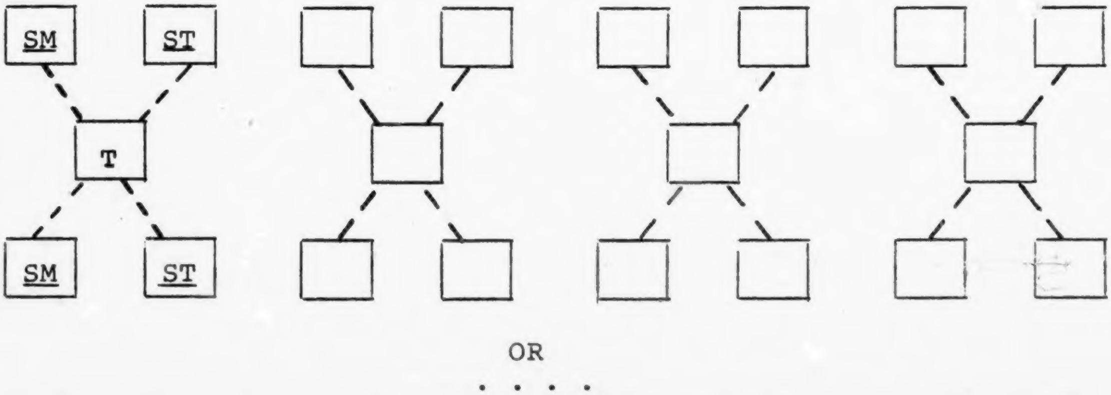
POSSIBLE ORGANIZATIONAL FRAMEWORKS FOR MATCHING


SYMPTOMS
TERMS
STRATEGIES

OR


SYMPTOMS
TERMS
STRATEGIES

OR



OR

. . . .

QUESTIONS FOR DISCUSSION

HOW DOES THIS ACTIVITY RELATE TO THE DIAGNOSTIC/TEACHING PROCESS?

WITH WHAT TERMS DID YOU HAVE THE MOST DIFFICULTY? THE LEAST?

HOW DID YOUR GROUP USE THE SELF-CHECK FEEDBACK ON THE BACK OF THE CARDS?

IN WHAT SITUATIONS COULD CHILDREN IN YOUR CLASS USE THIS TYPE OF FEEDBACK?

COVER PAGE

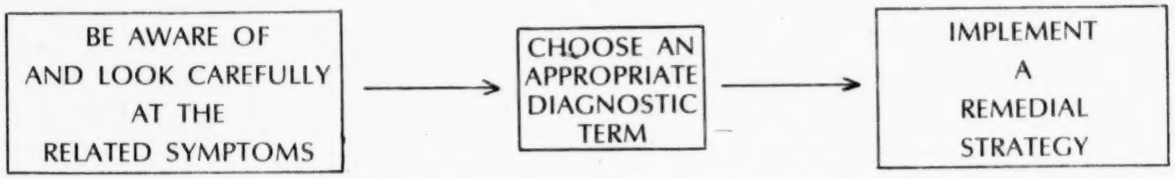
Take-Home Booklet

The following pages are organized around a central theme that relates to the diagnostic/prescriptive teaching process. Although each of the terms selected is in a central position on the page, the more important aspects surround it.

That means to each of us that if we are to use a specific term to describe a child who has difficulty in learning, we need to be very aware of the different clues or *symptoms* that helped us to choose that term—in other words, to use the term *diagnostically*.

Even more importantly, however, we need to be aware of WHAT CAN BE DONE TO HELP ALLEVIATE THE DIFFICULTY. It will help us in working with a child to be able to select an appropriate *strategy* or technique or material that FITS that child's need.

That's why the booklet is organized in this way—so that you might feel more comfortable in using this process to work with children.


BE AWARE OF AND LOOK CAREFULLY AT THE RELATED SYMPTOMS
CHOOSE AN APPROPRIATE DIAGNOSTIC TERM
IMPLEMENT A REMEDIAL STRATEGY

Duplicator Page #2

Term Often Used

FIGURE-GROUND DISTORTION

Related Symptoms

Visual

- Can't seem to pick out an object when competing objects are in the picture.
- Has great difficulty with "Find the Hidden Figure" games.
- May color the entire picture one color, because of inability to focus on the component parts.
- Will probably score poorly on the Frostig subtest (but bear in mind that outlining objects involves motor performance in addition to *seeing* the required stimulus).
- May be unable to pick out a specific letter from a group of letters (word), or a specific word when faced with a number of words (paragraph).

Intervening Remedial Strategies

- Activities should be provided so that the child will be able to see both the whole *and* the parts.
- Use an overhead transparency that is made up of a set of overlays. The picture becomes more detailed as overlays are added to the basic picture. Or add successive "masking" overlays to the picture. (shading masks, cross-hatch masks, etc.) Then, individually remove each mask and have the learner attempt to identify the basic picture. Pictures and masks can be varied to suit the learner.
- To begin training it is helpful for the teacher to focus on the part to be discerned (i.e., outlining or coloring). Later the child can find the part and outline.
- Marianne Frostig's worksheets for this visual perceptual problem are good basic training materials. This child will probably still need help in seeing individual letters as part of a word.

Related Symptoms

Auditory

- Cannot identify the intended auditory stimulus when more than one sound is heard at a time.
- Often cannot "hear" teacher if class is busy and noise level is appreciable.
- Cannot discriminate between sounds—all sounds like a jumble to child.
- Has difficulty with phonics—can't identify sounds in syllables, vowel sounds, etc.

Intervening Remedial Strategies

- For efficient learning the child must be able to hear both the whole *and* the parts.
- To begin training it is helpful for the teacher to *focus* for the child, and then allow him to discriminate between two things only. Later increase the number of things.
- The use of headphones will alleviate much of the background distortion. They help the child to focus or "tune out" irrelevant noise.
- Spoken or taped material should be very clear, with perhaps overemphasis at the beginning.
- If possible, use tapes or records to present auditory material. They usually provide more motivation to listen.

Duplicator Page #3

Related Symptoms ←

- A lack of foresight and organizational ability often leads the child into troublesome situations, since he can't see the consequences of his own actions.
- May be poor at expressing thoughts in writing.
- Reading comprehension scores usually significantly lower than sight vocabulary scores.
- More confident in expressing himself nonverbally than verbally.

Intervening Remedial Strategies →

- Praise the process as well as the end product. Effort *and* improvement should both be rewarded in a learning situation.
- The teacher can provide appropriate labels to help the child to categorize his experiences. ("Yes, those are all examples of FRUITS.")
- It is important that the teacher carefully choose a level of communication within the child's repertoire. (This will usually involve use of concrete examples, including physically manipulating child in some cases to produce response.)
- Often the consequences of particular behaviors will have to be explained to the child. A teacher may need to outline many "If . . . then . . . s" during the day.

Term Often Used

CONCEPTUAL DISORDER

Related Symptoms ←

- Can handle concrete examples ("the boy went to the store") much better than abstract examples ("honesty pays").
- Extreme difficulty in going beyond stimulus presented.
- Cannot classify and categorize experiences. (pictures, objects, nouns, etc.)
- Often "beats around the bush" when trying to describe something.
- In later elementary years still has difficulty understanding relationships, such as those stimulated by the use of analogies.

Intervening Remedial Strategies →

- The use of *many* concrete examples—especially if child can manipulate or "find" them—will help lead toward generalization (i.e., in presenting the concept "red," perhaps as many as 30-40 examples given over a period of time may have to be utilized). More difficult concepts such as "time" may take more than two to three years to internalize.
- Don't confuse the child with too many words. Try "telographic" speech.
- Don't expect experiences presented to generalize. Help the child to make these generalizations by presenting material in a step-wise and gradual progression.

Duplicator Page #4

Term Often Used

HYPERACTIVITY or HYPERKINESIS

Related Symptoms

- Motorically overactive. Fidgets constantly.
- As a toddler "into everything"—and at an early age.
- Unable to sit still at desk, dinner table, in front of T.V., etc.
- Excessively walks around the room.
- Constantly touching objects.
- Some part or parts of body constantly in motion.
- This is not just a normally active child—the use of the words "excessive" and "constantly" are the real keys to understanding this term.

Intervening Remedial Strategies

- Provide tasks where the pupil is actively involved physically. This gives him a focus for his general activity.
- Keep the room spacious and relatively uncluttered. This allows for mobility and active physical participation.
- Medication in many cases has proven to be a help in controlling, without becoming addicting. Do not discourage the parents from seeing a physician who has had some experience with medication for this type of child. (The teacher is often asked to record behavioral observations before and after medication is started.) Results, if they are to be forthcoming, will be seen immediately.

  NOTE: Many normal active children (who happen to have had teachers or parents with low tolerance for noise and activity) have been placed inappropriately on medication. As a result there is a "backlash" against the use of medication to control behavior.

Related Symptoms

- Constant shift of activities.
- No more active than other children on playground, but cannot curtail activity in classroom.
- Cannot inhibit activity when inhibition is appropriate.
- Bed-wetting at night often cited by parents.
- May have problems getting to sleep at night.
- Seems to have chronic case of "ants-in-the-pants-i-ness."
- May talk constantly—saying nothing of interest or importance to others.

Intervening Remedial Strategies

- Allow some provision in the regular curriculum for special activities involving rhythm, coordination and sensory/motor activities.
- Do not reinforce unacceptable behavior by paying unnecessary attention to student.
- Define limits and reasonable (simple) objectives. Reinforce when they are met.
- If in doubt as to whether you have "seen" all evidences of appropriate and inappropriate behavior, a videotape recording of the child may help to clarify.
- Provide materials that the child can manipulate whenever possible. Working with his hands may help to decrease unfocused generalized activity.
- Relax! *Excessive* motor activity decreases with age.

Duplicator Page #5

Related Symptoms ←

- Child is unable to identify right or left side of body correctly.
- Child may use right eye for sighting and left hand for writing and throwing (or vice versa).
- May not realize that he *has* two sides to the body. It may appear to him as a gestalt, with no discernible distinction between the two.
- Or he may be *aware* of the two sides, but unable to verbalize the exact nature of the difference.

Term Often Used

IMPAIRMENT IN LATERALITY

Intervening Remedial Strategies →

- Established laterality (tendency to perform all functions with the *one* preferred side of the body) may not occur until 6 or 7 years of age. Teaching prior to that time is appropriate, but allowance should be made for normal maturation rates.
- Mixed (or uncertain) laterality (the tendency to mix the right and left preference in the use of hand, feet, eyes, and ears) *often* is found in younger children (up to 7) and in older youngsters with learning disabilities. Research indicates that training to alleviate "mixed dominance" has dubious practical value, particularly relating to reading problems. Then is definitely not a cause/effect relationship.
- Right-left discrimination develops earlier than unilateral hand or foot preference, and hence are independent aspects of development.

Related Symptoms ←

- Often gets mixed up in group games such as "Simon Says" or "Looby Lou."
- May write, paint, or eat with either hand.
- May kick a ball with either foot—and may not be able to plan ahead which one to use. (often causes stumbling)
- May be able to tell differences in right-left with visual stimuli, but not with eyes closed.

Intervening Remedial Strategies →

- Since the concepts "right" and "left" are abstract, it will help the child to give some concrete referent (examples—tying a red string on the *right* hand and/or leg, or holding out the left hand with thumb and index finger at a right angle—it makes an "L").
- When playing group games, the leader should stay in a circle with the children, rather than in front of the children—thereby eliminating a "mirror image" effect.
- Teaching should help to develop an *awareness* of similarities and differences between the two sides of the body. Balancing activities can help.

Duplicator Page #6

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used

IMPAIRMENT IN DIRECTIONALITY

- Child may not be able to move to the right or left upon command.
- May not be able to find the "top, right hand side of the paper" to put his name on.
- May not be able to read or write from left to right (simply because he doesn't know what "left to right" *means*!).
- When at the chalkboard, may start out with chalk in left hand and transfer it to the right hand at the mid-point.

- The child should know *absolutely* the distinction between the two sides of his own body before he can be trained to project these concepts into either near space or far space.
- But just because a child can differentiate between his right and his left hand, it does not mean that he can magically organize his b's, d's and the order of letters in words. (To do so would refute one of the more established laws of learning related to the transfer of training.)
- Most of the relationships do not occur in a normal child until around age 7-8, and sometimes later. When you become frustrated, think of the adults you know who still have trouble reading maps and understanding directions.

Related Symptoms ←

Intervening Remedial Strategies →

- May be unable to interpret directions involving "in front of," "on the other side of," "over," etc. with any degree of consistency.
- When given oral directions, may become confused or lost while attempting to follow them. ("Put the book on the top shelf," or "go around the corner; the basket is under the table.")

- Increase *focus* of target area in some way (i.e., mark an X where child is to start).
- A concrete referent linked with an abstract concept may help the child to make the necessary generalizations ("next to the pencil sharpener on the left side of the room").
- Many examples must be given before a child can grasp the abstract concepts. However, these concepts *must* be grasped before higher order skills can be learned (i.e., reading, graphing, coordinates, map reading, geometry, etc.).
- When training, near space relationships (at your right side, over your head) must be worked on before far space relationships (right side of the room, middle of the hall, etc.).

Duplicator Page #7

PROBLEM WITH BALANCE

Term Often Used

Related Symptoms ←

- Child may spread feet wide apart when standing—especially if he has to catch something.
- May constantly shuffle feet—when walking or standing still.
- Often may lean against a wall, a table, a person or whatever support is handy.
- Child's posture may seem out of alignment.
- May be unable to balance a paper cup on a plate when going from one place to another.
- This child is *off* a balance beam more than he's on.

Intervening Remedial Strategies →

Static **(support stable, person not in locomotion)**

- Have the child stand on tiptoe for 3-5 seconds; increase difficulty by raising object over head at the same time.
- Have the child bend sideways with arms perpendicular to body—gradually lift one leg at a time.
- Increase level of difficulty until child progresses to:

Object (supporting something minimally without letting it fall)

- Beanbag on head—gradually make requested movements more difficult.
- Carry a marble on a spoon to bucket, pretzel on a spatula, etc.
- Start out with heavier things to support. Gradually decrease weight.

Related Symptoms ←

- Cannot move well when provided with minimal support or structure (walking on a crack in the sidewalk or the curb).
- Cannot support something minimally without letting it fall (like balancing a pencil on the end of his finger).
- Doesn't do well walking in the aisle on (school) bus and may be very afraid of escalators.
- Tends to have more difficulty going down stairs.
- Either has had, or will have, difficulty in learning to ride a two-wheel bike.

Intervening Remedial Strategies →

Dynamic (maintaining position on moving surface, or while moving the body with minimal support)

- Balance board can be constructed using 18" x 24" x 1" board. Attach a 2" x 4" x 2" piece to the middle of a larger board as a fulcrum. Progress from sitting to kneeling to standing on the board.
- If balance beam is used, use with child (children) creatively. Ask *them* to generate ways to go across the beam (forward, backward, sideways, stepping over, etc.) and ways to use their arms while on the beam.
- Frostig's *Move, Grow, Learn (MGL) Program* has some excellent suggestions in a handy form for teachers. Newell Kephart and Bryant Cratty have additional fun-type activities outlined in their many books.

Duplicator Page #8

Related Symptoms ←

- Inability to delay gratification—child cannot wait for resolution. Wants things to happen NOW!
- Doesn't have "stick-to-itiveness."
- Tends to "overreact"—becomes "too excited" at pleasurable situations, similarly, does not tolerate frustration or disappointment well (may have violent reaction).
- A decreased ability to inhibit behavior—which may lead in the extreme forms to anti-social behavior, such as lying, stealing, destructiveness, firesetting, sexual "acting out."

Intervening Remedial Strategies →

- Needs to have immediate feedback (praise, reinforcement, correction, etc.). Only gradually can this be taken away and then only with a great deal of structure. This child's behavior for a long time will have to be under external control.
- Give as much individual attention as possible.
- Medication may be helpful. (Comments on medication appear elsewhere.)
- Keep room clear of potential hazards.
- This child may perform better if he thinks he is pleasing *you*. The strength of the reinforcer to the child is the most important consideration in planning a remedial program. (i.e., He'll be more apt to stop doing something inappropriate if he thinks he'll be pleasing you, than if you say it is "disturbing others.")

Term Often Used

POOR IMPULSE CONTROL

Related Symptoms ←

- Reckless—often manifesting no concern for bodily safety; rushes headlong into things.
- Could be described as "accident prone."
- Reports of injuries probably more a manifestation of problem than a cause.
- Poor planning and judgement.
- Often says the first thing that comes to his mind ("Hoof in mouth disease?"). This may at times cause teacher and parents extreme embarrassment.

Intervening Remedial Strategies →

- Provide sound, easily understood rules of behavior in the classroom. Remind often, and reinforce when child behaves in accordance with rules.
- Reward may have to be tangible (stars, checks, etc.). It will *have* to be something that "turns him on."
- Provide a cooling-off period or a change of activity if situation gets out of hand. It will help the student get emotions back in perspective.
- If social controls do not help to inhibit anti-social behavior, referral to child guidance clinic (or some sort of psychological counseling) is indicated.
- If a good reinforcer and schedule is found it should be shared with the child's family so that there will be carry-over from school to home.

Duplicator Page #9

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used

MEMORY IMPAIRMENT

Auditory

- Child seems to be unable to store and/or retrieve information. For instance,

  Q "The boy's shirt is blue. What color is the boy's shirt?"
  A "I don't know . . .
  Q "What did I just say?"
  A "Uh . . . uh . . . uh
- Child often looks at others to see what they are doing.
- Reluctant to enter into class discussion; seldom contributes appropriate information.
- On diagnostic tests relating to digit span (ITPA subtest, WISC subtest) will probably score low and be unable to retrieve more than 3-4 numbers correctly.
- Probably won't be able to give his telephone number.

Intervening Remedial Strategies →

- While there is not sufficient evidence to indicate that memory can be improved by training, practicing certain kinds of organizational strategies may help.
- The experience is more apt to be remembered if it is meaningful—that means meaningful at the child's level and not the teacher's.
- Find out what he likes—what words, pictures, objects, food, etc.—and play memory games which gradually increase in difficulty.
- If you're having him repeat after you, keep the stimulus words or numbers close together (i.e., at ½ second intervals). When he can repeat consistently, increase the interval, so that he has to remember over a longer span.

Related Symptoms ←

Visual

- The child seems to be unable to remember either what he just saw and/or what he saw a while ago.
- When asked to verbalize what he just saw (picture, word, movie, etc.) will stutter and stammer and be unable to provide appropriate answer, even when helped.
- Often guesses; has trial and error approach to learning.
- If something is erased from the chalkboard, will probably not remember what was there.
- Always "loses" when playing classroom games such as "Memory" or "Concentration."

Intervening Remedial Strategies →

- Repeated exposures of *meaningful* stimuli increase the probability of remembering. (This is not the same as "drill and practice.")
- Give child some visual clues to help him remember. Place them close at hand (like on his desk) so that he can use them as a stimulus.
- Visual clues are especially important when auditory mode is used in instruction. Auditory "hints" are also helpful if visual mode is used for instruction.
- As always, progress from simple (2-3 things) to more complex, and always in an organized, systematic way.
- Flashcards can be used to train visual memory. At the beginning, expose for about 10 seconds. Gradually decrease length of exposure time. Make sure he "knows" what is on the card.

Duplicator Page #10

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used

HYPOACTIVE
or
HYPOKINETIC

- Child assumes a position in classroom much like a piece of furniture.
- Gets up to leave when the bell rings, and may answer during attendance, but little else.
- Sometimes appears fearful and seems easily frightened, particularly when meeting new people or adjusting to new situations.
- Would rather remain inactive than face shame and ridicule or failure.
- This type of child shows little facial expression, doesn't interact well and hence may be (incorrectly) called "dumb."
- Consistently see: *lack of or decreased ability to participate; little muscular movement.*

- Allow the student to sit near, or be grouped with, those students with whom he feels most comfortable.
- Recognize and talk about feelings of inadequacy or fear. Allow for a classroom atmosphere where emotions can surface with impunity.
- Supply student with needed materials. He will usually lose or forget such items as his books, paper or pencil as an excuse for nonparticipation.
- This type of child does *not* respond well to punishment.
- Give parents some helpful suggestions if this pattern of behavior is apparent in the home.

Related Symptoms ←

- Dawdles excessively when changing activities (such as cleaning up).
- Relatively sedate and stationary behavior (little movement at all).
- Preoccupation with one activity (such as drawing).
- Staring out of the window.
- May become a scrapegoat for group and peer ostracism and criticism.
- This type of child tends to be ignored both in the classroom *and* at home.

Intervening Remedial Strategies →

- Check carefully to make sure there is not a physical or nutritional problem.
- Provide the student with gradual exposure to new people or activities.
- Give the student the time, security, support and encouragement necessary for successful accomplishment of any task.
- Keep your standards flexible in regard to discipline and management. A little chatter, giggling and misbehavior is a healthy sign on the part of a withdrawn child.
- Invite and encourage the child to participate in simple games involving motor activities. Gradually try to increase extent of participation.

Duplicator Page #11

RECEPTIVE LANGUAGE DISORDERS

Term Often Used

Related Symptoms ←

- Does not understand oral directions—may look dazed.
- Cannot appropriately answer questions like:
  Do dogs bark?
  Is the boy big?
  Are bananas green?
  requiring only yes/no answers.
- Comprehends non-verbal social sounds (such as bell ringing) but is unable to relate the spoken word to the appropriate unit of experience.
- Listening is demanding—the child fatigues easily. May cover ears during story telling.
- Usually has normal auditory acuity.
- Will probably do poorly on test of auditory discrimination (such as the Wepman) since he has trouble receiving any auditory information.

Intervening Remedial Strategies →

- Emphasis should be on visual demonstration, especially pictures, objects, or concrete examples.
- Provide child opportunities to participate in activities such as painting, drawing, sewing, wood-working, with a model to work from, no verbal instruction.
- Speak with "stepping stone deliberation," make all directions *very* simple, one word if possible.
- Work with simple words such as nouns, later progressing to more abstract words which represent actions, qualities, feelings or ideas.
- Decrease phonics emphasis; try a reading approach which emphasizes sight words.

Receptive-Associative (comprehension)

Related Symptoms ←

- May have much trouble with phonics (i.e., sound/symbol relationship has no real meaning).
- Cannot relate concepts presented orally. ("How are an orange and a grapefruit alike?")
- May have difficulty classifying or categorizing concepts.
- When asked to tell about a story he just heard, may be completely unable to "remember" anything, or may tell the story without any logical sequence.

Intervening Remedial Strategies →

- Help child form "sets" of objects or concepts which have some attributes in common. Name the attributes, or help the child name them.
- Define, as well as label, those things which are included. Also give examples of things which are NOT in the set.
- Help child define his own limits of a category by playing a "twenty questions" type game. Questions of child should reflect more and more narrow categories.
- To get child to name objects which satisfy *two* specified relationships (objects both round *and* hard), lead up to gradually by first defining and classifying each, (i.e., all round objects, all hard objects.)

Duplicator Page #12

Term Often Used ↓

CLOSURE PROBLEM

Related Symptoms ←

Grammatic and Auditory

- Has trouble with certain redundancies from his experience:
  sequence of numerals ("1, 2, 3, 5, 6, 9"),
  order of words in sentence ("He dog play with"),
  sequences of common sounds ("We goed to the store").
- Has great difficulty with sound blending. "Po-ta-to: what is that word?"
- Does not do well with phonics approach to reading.
- Has difficulty with rhyming words and missing words in a sentence.
- Does not know or cannot supply plural forms of words automatically.
- Greatest difficulty in supplying or synthesizing words or parts of words automatically.

Intervening Remedial Strategies →

- Select a few common expressions with which the child is not familiar and plan situations in which these expressions can be presented frequently and in varying situations. (Such as the child listening to records or tapes, or rephrasing the child's response "Yes, he played with the dog.")
- Try to develop a habit of rehearsal. Have the child first listen to the material and say it to himself before he says it aloud.
- Teach regular forms first (i.e., avoid irregular plurals and verbs until child has formed generalizations about regular plurals and verbs.)
- In sound blending, present sounds as close as possible to one another. Work toward a two-second interval.
- The teacher must assist in the *process of achieving completion in behavior or mental act.*

Related Symptoms ←

Visual

- May be unable to fill in missing parts automatically (cannot see that the nose is missing from the face).
- Cannot extract necessary parts from distracting background (i.e., the name of the book on the cover).
- If worksheet is muddy or messy, cannot reject that and concentrate on work.
- May be unable to reorient pieces and put them together to form whole (does not turn puzzle piece over or upside down to fit in).
- In reading, fixations per line stays at very high level (8-12), and hence reading speed does not increase.
- Greatest difficulty in seeing the completed form automatically.

Intervening Remedial Strategies →

- Let the child put together commercial form boards and jigsaw puzzles of increasing difficulty, with and without seeing the completed model. Use simple figures clearly differentiated from the background at first. Make the *total* picture more interesting than the pieces.
- Have the child approach the task *analytically* as well as *synthetically*, i.e., have him take apart a completed task (puzzle, word, picture) and then put it back together.
- Use anagrams to develop closure for common words.
- Present experiences in which some parts are missing. Help the child identify or label the missing part, and then find or complete it.
- The teacher must help the child to *fill in missing parts automatically.*

Duplicator Page #13

Related Symptoms ←

- Never plays at one game for a long period of time.
- As toddler, pulls every toy from shelf, but never plays with them.
- Doesn't finish work.
- "Doesn't mind."
- Lack of attention to detail.
- Disorderliness characterizes work and behavior.
- Always seems to need to have instructions repeated—but not immediately—usually after a few minutes.

Intervening Remedial Strategies →

- Remember that the key to understanding the problem is to recognize that lack of attention is tied to the inability to inhibit response to distracting stimuli and not the result of limited motivation, willful disobedience or anxiety.
- Placement in room is important—it should definitely be away from windows and (if possible) from other children. Cotton in the child's ears may help.
- Decrease the number of examples or problems presented and increase accent or focus on stimulus to which child must attend. (As an example, if you want the child to pay attention to oral directions, see if he'll listen to you in a completely darkened room—he really has no other alternative!)

Term Often Used

PROBLEMS OF ATTENTION

Related Symptoms ←

- Doesn't remember oral directions.
- Functions well on one-to-one basis.
- Appears to be "daydreaming," but differs from schizoid in that the reverie is *not* involved or full of fantasy.
- May only participate in class discussions during the first minute or two.
- Some child may *overattend* to unimportant stimuli—i.e., may spend all his time looking at the printed page *number*, instead of the printed or pictured material on the page.

Intervening Remedial Strategies →

- The child *is* able to learn if he focusus long enough, however, even with provisions for focusing, the problem still varies from day to day (or minute to minute sometimes!).
- It is this type of child for whom cubicles (study carrels) are usually recommended. If the school has one, it would be advisable for the teacher to use it. The child should understand that the cubicle is a place where he can function better. He should NOT see it as a punishment area; he *should* use it to gain self-control.
- You may be able to increase focus by outlining, color coding, or providing a "window" ▭ apparatus through which only one problem or word is seen at a time.

Duplicator Page # 14

Term Often Used

ORIENTATION PROBLEM

Related Symptoms

Intervening Remedial Strategies

Time

- Does not understand "soon" or "in a little while," or other "vague" terms.
- Calendar months and days are not understood at all, i.e., may know date and month of birthday, but not when it will occur, or did occur.
- Difficulty in telling time by the clock. Even with much work, continues to say "the big hand is on the . . ."
- May know by rote that 4 follows 3 (1,2,3,4), but can't perceive that four o'clock follows three o'clock.

- A digitial clock with concrete time given may help child to relate time concepts. With the numbers (referring to seconds and minutes) actually "turning" such a child can actually "see" time changing.
- Give the child a concrete referent. Instead of saying "recess is in a little while," draw a picture of a clock with the hands at 10:15 and say: "When the clock looks like this, it will be 10:15 and then we'll go for recess."
- Be prepared to go over time concepts over and over, until the child is really sure and EVERY DAY can demonstrate his internalization of that concept.

Space

- Transfers to new spatial relationships are very difficult. i.e., if the room is rearranged while child is gone from the room, he becomes disoriented and confused.
- Far space relationships are more confusing than near space. "The other side of the room" has no meaning for the child—neither has "halfway home."
- Much difficulty in copying figures, symbols or words, either in the expected order *or* position. (i.e., Papers often look like a disordered hen house.)
- Cannot ascertain relationships of two or more objects to each other.

Related Symptoms

Intervening Remedial Strategies

- New relationships of objects (moving furniture, changing bulletin boards, etc.) should be planned and carried out with the child aware of the proposed change.
- Work on near space relationships before far space—i.e., work with the child on understanding relationships that have a more personal relationship to him, such as "on your desk," "under your seat;" then such things as "down the hall," "by the swings," "a before c," etc., can be approached.
- Will need *many, many* concrete examples of spatial relationships, especially things like over, under, behind, before, across, etc. (Think BIG—like 40-50 examples.)

Duplicator Page #15

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used

PERSEVERATION

- Often continues an activity long after the behavior is acknowledged to have become inappropriate.
- Seems unable to modify or stop the activity.
- May write a word incorrectly, erase it, and write it again incorrectly.
- **The term does not mean sticking to a task until it's finished, it means endlessly repeating something that no longer is meaningful.**
- In coloring, may cover an entire page with one color.

- Although the student may learn primarily from rote, avoid drill, because drill reinforces the natural tendency to perseverate.
- Keep learning sessions short and frequent.
- Try to help child become aware of appropriate behavior: "Good, you only wrote three 'a's. That is what you were asked to do."
- Provide materials that are different and that encourage the child to progress to the next step. (Audio tapes, film strips, etc.)

- May fill the entire page with one letter, when only three examples were asked for.
- Endless repetition of the trivial—such as whirling around in space or twirling something often occurs.
- A word or tune may be repeated over and over and over.
- May play with one toy (such as a small car) over and over in the same manner.
- May continue to pound a nail after it has been fully embedded.

Related Symptoms ←

Intervening Remedial Strategies →

- Although the activities done are usually trivial, *some* may cause injury—*all* should be stopped.
- The child does not willfully continue, and does ***need*** outside help to stop. A word or a touch should be sufficient.
- If instructions for a task are given to the group, make sure this child gets additional, more explicit directions—i.e., "Make *one* 'a'."

Duplicator Page #16

Related Symptoms ←

- Child often describes himself as bad, inadequate or different.
- "Draw-a-man," or "Draw-a-person" test may reflect gross inadequacies in body image.
- Low opinion of self generally occurs in the absence of other sign of sadness or depression.
- May have organized defensive system such that he *pretends* to have failures on purpose, and therefore becomes "class clown."

Intervening Remedial Strategies →

- Give plenty of opportunity for exploring more creative and less academic areas such as: art—finger painting, pasting, making masks; music—moving or painting to mood music, physical activities involving rhythm instruments.
- Child needs positive adult reinforcement best given on one-to-one basis. (Later in group.)
- Involve student in cooperative rather than competitive situations. (Invite, but never coerce, the child to participate in classroom activities.)
- Try more open ended questioning techniques. ("What can we do with this?" "How many different ways . . . ?") Any response is appropriate and each response will stimulate more answers.

Term Often Used

LOW SELF-ESTEEM

Related Symptoms ←

- **Most apt to say "I can't"—repeated failure experiences may lead him to this conclusion. (Probably with some justification.)**
- **May be unwilling to try new things because of fixed habits, established as "defenses"—often seems compulsive.**
- **Reluctance to enter activities—tends to remain on the "fringe."**
- **Pervasive and prolonged anxiety *not* seen.**

Intervening Remedial Strategies →

- Gradually give him opportunities to assume responsibility in order to help him gain confidence and independence, i.e., game participation, role playing in dramatizations or small group activities.
- Provide opportunity for success often.
- If child really "can't," find something he *can* do that is related if possible, and try to explain how one leads to the next.
- Keep the student close so you can express your acceptance and approval of him. The same thing can be accomplished by some physical contact, such as a pat on the arm, hand on hand, smile or wink.

Duplicator Page #17

Term Often Used

PROBLEM IN DISCRIMINATION

Related Symptoms ←

Visual

- Cannot *see* the difference between letters, numbers, objects, forms.
  "Point to the letter K."
  "Which one is a square? rectangle?"
  "Which is the longer pencil?"
- May have difficulty with p,b,d,g.

Auditory

- Cannot *hear* differences in spoken sounds.
  "Does it begin with 'b' or 'd'?"
  "Is it 'pin' or 'pen'?"
  "Leaves is plural of leaf."
- May not be able to tell differences between sounds (telephone or doorbell) or intensity (loud, soft) if problem is severe.

Intervening Remedial Strategies →

- Provide experiences where child will first find similarities and *then* find differences between objects, forms, etc.
- Help child to verbalize what he sees. (i.e., "This cow has a longer tail.")
- Provide manipulative materials where child can also *feel* the differences as well as see them. (sandpaper letters, different sized blocks, etc.)
- Let the child hear how *he* makes sounds. Does *he* detect differences between the sounds in various positions? (A tape recorder provides a valuable resource tool.)
- Take a look at family background. Are the cultural differences that contribute to his not hearing the same sounds you hear? What kind of speech is he normally exposed to?
- Over emphasize differences in sounds—give visual clues whenever possible.

Related Symptoms ←

Haptic

(Includes tactile/kinesthetic awareness as well as the less visible or visually apparent aspects of some situation or object.)

- Child may be unable to feel something and tell what it is if he cannot see it.
- Cannot find his way around with a blindfold on.
- May be unable to comprehend (sense) the less visual aspects of something or someone. (i.e., may be unable to "sense" when something is wrong.)
- If touched at a point on the body, without seeing where, may be unable to point to that same spot right after.

Intervening Remedial Strategies →

- Provide visual and/or auditory experiences in combination with the haptic sensation. (i.e., show or explain what child is doing.)
- Let the child experience various objects, temperatures, textures, etc. and help him to verbalize the differences he feels. Include affective too. (i.e., "That feels gooey (slimy) and I don't like that feeling.")
- Provide many experiences where child verbalizes or writes what he feels and how he feels about it. Later, you can progress to learning more about non-verbal stimuli.

Duplicator Page #18

Term Often Used

DEFICIT IN ACUITY

Related Symptoms ←

Auditory

- Lack of attention to conversation.
- Frequent requests to repeat what has been said.
- May have frequent earaches or ear pulling.
- Difficulty in articulation.
- Confusion as to what has been said.
- Constant scanning of the speaker's face.
- Dizziness may sometimes be seen.

Intervening Remedial Strategies →

Always . . .

- Reinforce oral directions by visual clue.
- Keep your face clearly in sight of child when speaking.
- Suggest examination if problem is suspected, contact doctor or audiometrist if deficiency has been established. Ask what child can be expected to do.
- Seat child as close as possible to the place from which you generally speak (or stand near, but facing him).
- If a hearing aid is worn, encourage him to use it and praise use. (Also, learn how to insert appropriately.)

Related Symptoms ←

Visual

- Squinting.
- Frequent headaches.
- Watery or red eyes.
- Works at a slower pace.
- Takes fewer risks.
- Constant blinking or attempting to focus.
- Excessive distance or closeness at which child holds books while reading.

Intervening Remedial Strategies →

- Teachers (unless properly trained) should not attempt remediation activities to increase acuity.
- Be aware that many books are available in large print; not all easy ones.
- Suggest examination if problem is suspected, contact doctor if deficit has been established. Ask what child can be expected to do.
- Depending upon nature of problem, modify child's seat in class in accordance with suggestions from doctor.
- Reinforce by auditory stimulus whenever possible.
- If glasses are worn, praise the child when he keeps them on. Be aware that eyes may become fatigued!

Duplicator Page #19

Term Often Used

EXPRESSIVE LANGUAGE DISORDERS

Related Symptoms ←

- May score low on the WISC or Binet vocabulary subtest, or the Binet verbal response to pictures.
- Severe articulation disorders and/or other speech problems may be present.
- May answer questions with one word or not at all.
- May answer specific questions, but be unable to answer more open-ended types of questions (such as "tell me what you know about ________ ").

Intervening Remedial Strategies →

- If severe speech problems are present, referral to speech pathologist is necessary. Try to reinforce what speech therapist does.
- Teach child to reproduce sounds heard. Use tape recorder for child to hear and repeat and then check his own errors.
- Try choral reading or reciting and singing games. (Children often are more fluent while singing—and it's fun!)

Related Symptoms ←

- May rely heavily on gestures or non-verbal responses (nodding or shaking head, etc.).
- May raise his hand indicating he *knows* the answer to the question, but be unable to express himself adequately.
- May even talk a lot; on closer analysis it is seen to be irrelevant chatter, with few relevant concepts expressed.
- When telling about something with which he is VERY familiar (home, brothers and sisters, etc.) may still be unable to use more than 5 or 6 words in a sentence.

Intervening Remedial Strategies →

- Provide for vocabulary development—reinforce new words learned every day. If the new words are related at the concrete level, it will help at the beginning (chair, table, room, bookcase, etc.).
- Emphasize function words or doing words, and have child DO as he SAYS the word. ("I'm jumping" or "I'm pushing.")
- Help the child who has difficulty retrieving words by providing acceptable options: a) let him describe ***around*** the word: "You know, it's black and furry." Then give him the word "kitten." b) Ask him: "Is it kitten or dog?"

Duplicator Page #20

Term Often Used

PROBLEMS WITH AGGRESSION

Related Symptoms

- Child is often abusive and disruptive, making the classroom atmosphere *not* conducive to learning.
- May use language as a vehicle for self-expression: threatening, name-calling, yelling, swearing and bragging.
- Some children may be "passive-aggressive," and show this by doodling, chair rocking or foot and finger stomping.

Intervening Remedial Strategies

- Look for possible causes of this behavior. Keep open the lines of communication with home and community resources.
- Avoid classroom situations that will result in failure, frustration, or embarrassment (frustration produces aggression—often from work too difficult or demanding for the pupil's ability).
- Make provisions for contact with mature and controlled students who will benefit the pupil by serving as good behavior models.
- Be sure and *give* the child attention—he needs it perhaps more than any other child—but give it *only* when he is behaving appropriately.

Related Symptoms

- Overt actions, such as pushing, biting, hitting, kicking, punching, pulling, provide a physical outlet, but often precipitate a classroom crisis.
- May use some physical acts against himself—pulling hair out, inflicting burns and cuts, biting lips or nails, or seriously destroying his own property.
- It seems as if the child will do *anything* to get the teacher's attention.

Intervening Remedial Strategies

- Don't group this child with children similar in nature. It will cause them to be more obnoxious and vie for the teacher's attention.
- Keep the classroom organized and consistent without being rigid.
- Provide a cooling off period or a change in activity if situation gets out of hand.
- Give child small goals that he can achieve (like not hitting *anyone* in the morning) and when he achieves goal, praise warmly, and then ask the child if he thinks he can extend the time.

Duplicator Page #21

Related Symptoms ←

- Behavior is "predictably unpredictable."
- Spontaneous lability seen as:
  "He's happy one minute, impossible to get along with the next . . . he's got good days and bad days, and there doesn't seem to be a pattern."
- Negativistic reactions or "I'm tired" will often precede or accompany the extreme change in behavior.

Intervening Remedial Strategies →

- *Expect the unexpected!* Be prepared to go over again the things you were certain had been "learned."
- Ease off on "bad days." Don't apply too much pressure. Remember, tomorrow may be better!
- Watch for signs that a reaction is coming. Provide a "time out" period immediately.

Term Often Used

INCREASED LABILITY

Related Symptoms ←

- Performance on tests, classwork, etc. *varies* more often than it remains constant.
- Responses are normal in kind but abnormal in degree (often referred to as catastrophic reaction). i.e., a temper tantrum when another child won't get off the swing so he can use it, or hysterical laughter when someone falls down.
- Most consistent pattern is: *Unevenness and extremes of emotional responses.*

Intervening Remedial Strategies →

- Keep the classroom atmosphere organized and consistent without being rigid. The teacher's consistency can serve as a model.
- Don't *overreact* to extremes of behavior, but be sure to reinforce as many acceptable behaviors as you possibly can.
- Most, if not all, of this extreme variableness is beyond the child's control. Your own stability can go a long way toward helping such a child establish a baseline.

Duplicator Page #22

Term Often Used

DISTRACTIBILITY

Related Symptoms ←

Intervening Remedial Strategies →

External

- Reacts excessively to ordinary classroom noises (lawn mower outside, someone banging desk, fly buzzing)—usually disrupting task.
- "Sees" everything that is going on in the class—to the extent that own work isn't done.
- Can't find what to do if page has numerous examples on it.
- Will fiddle excessively with belt buckle, hair, pencil, inside of desk, etc.
- Interest in and attraction to minute details.
- Concern with irrelevant data.

Intervening Remedial Strategies

- There are some advantages in isolating such a student, i.e., locate him where he cannot readily be seen, annoyed, touched.
- Eliminate articles and auditory or visual stimulation that might aggravate the problem by sidetracking child.
- Provide for focus of attention on most important task.
- Avoid the usual "unit" approach, since child is easily sidetracked by extraneous information.
- Make learning tasks short—very short! (i.e., one to five minutes at first.) Very gradually increase amount of work and time involved.

Related Symptoms ←

Intervening Remedial Strategies →

Internal

- Focuses on internal stimuli such as "hunger pains" or pressure on bladder, i.e., performs poorly right before lunch, or when hungry. Constantly requests to go to the bathroom. May often be thirsty and request drink.
- May be overstimulated by the proprioceptive sensation of a hard seat in the class. (Most of us wiggle; this child wiggles *more*!)
- Becomes very irritable and may regress when fatigued.
- Doesn't remember from minute to minute.

Intervening Remedial Strategies

- Provide a time out period when his overt behavior seems to be indicative of something "wrong" inside.
- Encourage a rest period if fatigued—if possible, outside the classroom—with supervision.
- Have health-type "snacks" available—give at critical stages. (crackers, fruit, cereal, etc.)
- Make sure seating is comfortable. (A pad on seat)
- This problem decreases with age (the student's—not the teacher's . . .).

Duplicator Page #23

Related Symptoms ←

Intervening Remedial Strategies →

Term Often Used

INCOORDINATION

Gross-Motor

- Clumsy, inept child.
- Always had "two left feet."
- Probably can't ride two-wheel bicycle until 9 or 10.
- Difficulty with hopping, skipping, climbing, jumping, relays, baseball, kickball, etc.
- Pain responses are often diminished; the child seems undaunted by the frequent bumps, falls and scrapes.
- Often bumps into desks or other children when moving around classroom.
- May go up and down stairs in a foot-to-foot manner, rather than the conventional way.
- If given a choice, would prefer to remain outside of group games of any kind. When forced to join in, visually does not enjoy the activities.

- Sometimes taped lines on the floor of the classroom will provide sufficient spatial structure.
- Encourage individual skill building in gym or in physical activities, rather than team sports or competition. (Encourage all children to build and strengthen their own skills.)
- Break each skill down to the level at which the child can accomplish the task, then build on strengths (i.e., teach to balance on one foot before hopping, hop before skipping, etc.).
- Do not overact when child falls or has trouble. Just praise what he did right and clarify what he did wrong.
- Gross motor skills are among the easiest to train. Practice *does* make a difference, particularly when the skill is broken down to a level the child can eventually perform.

Fine-Motor

- Much difficulty in learning to button, tie shoelaces, cut with scissors, string beads.
- Difficulty in manipulating pegs in peg-board activities.
- Much difficulty in writing with small lines and small pencils.
- May often drop objects, especially small objects.
- May have difficulty handling eating utensils.

Related Symptoms ←

Intervening Remedial Strategies →

- Present only a few difficult tasks at one time —allow practice, but be ready to move in to assist.
- Suggest substitute activities or fastenings if task is *always* too difficult (i.e., tearing paper on lines rather than cutting, or buckles instead of ties on shoes).
- Provide *larger* objects and spaces (i.e., spaces between lines on paper could be one inch high and felt pen could be used; larger pegs and peg boards are available).
- Practicing on something like a button board is easier than practicing on small shirt buttons. Provide activities where child can *see* as well as feel what he needs to do.
- If manipulative materials are used (and they *should* be) make sure they are used correctly. Don't let child continually reinforce errors.

____ Pre ____ Post

CONTENT EVALUATION FORM

1. Fill in appropriate letter:

____ Perseveration

____ Impairment of Directionality

____ Distractibility

____ Poor Impulse Control

a) may be unable to interpret direction involving "in front of"

b) inability to delay gratification

c) doesn't remember from minute to minute

d) seems to be unable to modify or stop the activity

2. Fill in appropriate letter:

____ Hyperactivity

____ Low Self-Esteem

____ Incoordination

____ Figure-Ground Distortion

a) do not over-react when child falls or has trouble

b) use of headphones will alleviate much of background distortion

c) provide tasks where pupil is actively involved physically

d) provide many opportunities for success

3. Define:

Haptic—

Closure—

Lability—

Hypoactive—

L.D. Card Game

Answers to Duplicator Page #24

____ Pre ____ Post

CONTENT EVALUATION FORM

1. Fill in appropriate letter:

d	Perseveration	a) may be unable to interpret direction involving "in front of"
a	Impairment of Directionality	b) inability to delay gratification
c	Distractibility	c) doesn't remember from minute to minute
b	Poor Impulse Control	d) seems to be unable to modify or stop the activity

2. Fill in appropriate letter:

c	Hyperactivity	a) do not over-react when child falls or has trouble
d	Low Self-Esteem	b) use of headphones will alleviate much of background distortion
a	Incoordination	c) provide tasks where pupil is actively involved physically
b	Figure-Ground Distortion	d) provide many opportunities for success

3. Define:

Haptic— *tactile/kinesthetic and non-visual awareness of some situation or object*

Closure— *ability to fill in missing parts automatically; process of achieving completion in behavior or mental act*

Lability— *UNEVENNESS and extremes of emotional responses; "unpredictably unpredictable"*

Hypoactive— *lack of or decreased ability to participate; little muscular movement*

WORKSHOP EVALUATION FORM

1. Rate your enjoyment of the activity on the following scale:

Not at all	**So-So**	**A great deal**
0	5	10

2. List three (3) new ideas, concepts, practices that you learned from this activity that have application for you.

3. Check where applicable.

This experience

____ a) provided information
____ b) increased my understanding of the problem
____ c) helped to improve my skill
____ d) all of the above
____ e) none of the above

SUPPLEMENTARY INFORMATION

WHO IS THIS CHILD?

You are probably beginning to share with us some of the frustrating feelings that a person who deals with "Learning Disabled" children experiences on a daily basis--no matter what their role. It IS difficult to know exactly what to do at any given moment.

This complex phenomenon (known as an L.D. child) was perhaps best described by Ray Barsch, an acknowledged authority in the field, in his "Learning Disabilities: A Statement of Position,"* a portion of which is quoted here:

"The child with a learning disability is not a newcomer to the educational scene. He is not a refugee from an oppressive classification system. He has been a member of every classroom group since formal instruction began and probably bewildered the medieval tutor at the court as much as he perplexes the teachers of today.

The child with a learning disability has many identities for many people. He is the historical enigma of childhood learning. He is the conscience of general education--an embarrassing reminder to the professional educator that the nature and dynamics of child learning are not as well defined and understood as we should like them to be. He is a daily dynamic reminder of the 'g' factor and the 's' factor trying to walk in harmonious gait. He is a constant symbol of the theory of individual differences in a corporate reality. He is, at one and the same time, the living incorporation of all theories and a perplexing refutation of those same theories. He is a 'territory' equally coveted by regular and special education. He is an administrative expediency in a mass of proliferations. He is an atypical child within a population of atypical children. He is a profile of peaks and valleys on a psychological chart. He is a bewilderment to his parents and to his teachers and most of all--to himself. He is a poem of development written in disjointed metre. He is a distortion and a pattern. He is a living dichotomy struggling with a page of print, a problem in subtraction, a list of spelling words, and the current craft project.

He is a jig-saw puzzle to the evaluator and a living defiance to precision in diagnosis. He is uniquely different from all other children and yet primarily the same. He is the 'not quite' child wherever one shines the diagnostic spotlight.

He is a perpetual member of the low group in reading or spelling or arithmetic or all three, from first grade to twelfth grade. He is accused by his teachers and parents of 'not trying hard enough,' 'being lazy and stubborn,' 'not working up to capacity' and a variety of other statements which indicate that he contains his own solution if only he would apply himself to that solution. He is admonished, coaxed, cajoled, motivated and even 'reinforced' to try harder,' 'study more,' 'work at it' in a steady stream of cliches from the primary grades to college.

He is unmotivated, stubborn, rebellious, negative, resistive, aggressive and recalcitrant. He is anxious, withdrawn, isolated, retreating, phobic and threatened. He is on the wrong side of the curve and the right side of the grid. He defies the correlational matrix, refuses to fall in the proper percentile and resists the one percent level of confidence. He is below the level, above the level and at the level of the profile line in a bouncing, jumping, stumbling lunge across the comprehensive chart.

He may be dyslexic, perceptually handicapped, hyperactive, distractible and language disabled. He may have minimal cerebral dysfunction, minimal brain injury or be neurologically handicapped.

He is a traveler wandering aimlessly on the terrain of academic space, sometimes lost, sometimes detoured and sometimes groping."

Truly this child is an enigma. At one and the same time, he touches your heart, challenges your mind, plays havoc with your intellectual integrity and gives you--in your spare time--something to think about....

*entire statement available from:

Division for Children with Learning Disabilities
The Council for Exceptional Children
Jefferson Plaza, Suite 900
1411 S. Jefferson Davis Highway
Arlington, Virginia 22202

WORKSHOP
TRAINING
KIT

TEACHING CHILDREN
WITH COMMUNICATION HANDICAPS

PRIMARY AUTHOR

S. JOSEPH LEVINE

USOE/MSU REGIONAL
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TEACHING CHILDREN WITH COMMUNICATION HANDICAPS

--LEADER'S GUIDE--

OVERVIEW

This activity calls for participants to work in pairs. One member of the pair receives an "A" booklet and the other member a "B" booklet. The activity is paced entirely by the instructions in the booklets.

A total of six teaching/learning simulations will be encountered by the pair. Each person will have an opportunity to play the "teacher" in three of the simulations and the "learner" in three. Each of the simulations demonstrates a teaching situation whereby the learner is able to receive communication through only a single sensory channel--auditory, visual, kinesthetic.

Following each of the simulations, the "teacher" and "learner" discuss the activity and the instructional procedures that helped and/or hindered the communication.

OBJECTIVES

Through the activity the participant will

--experience what it feels like to have a communication disorder.

--experience what it feels like to teach someone with a communication disorder.

--have an opportunity to discuss instructional procedures that help and/or hinder communication.

At the conclusion of the activity the participant will

--be able to list three instructional practices that can help in communicating with learners who have communication problems.

PREREQUISITES

There are no special prerequisites for either the leader or participants to successfully participate in this activity.

TIME NEEDED

A total of approximately 45 minutes is needed for this activity.

Introduction	5 minutes
Activity	30 minutes
Discussion	10 minutes

MATERIALS NEEDED

1. TO BE DUPLICATED:

All pages to be duplicated are marked "Duplicator Page #__" in the upper right hand corner. Use the pages in this kit so marked as masters. The pages marked "Transparency Page #__" should be used as masters to process overhead transparencies.

ONE FOR EACH PAIR:

--"A" and "B" Booklet	Duplicator Pages 1-6

(NOTE: The duplicator pages are printed with the first page of the "A" and "B" booklet on Duplicator Page 1, second page of the "A" and "B" booklet on Duplicator Page 2, etc. After you have made copies of the duplicator pages, collate and staple, and then cut in half. This will yield completed "A" and "B" booklets.)

--Group Reaction Sheet	Duplicator Page 7

ONE FOR EACH PERSON:

--Content Evaluation Form	Duplicator Page 8
--Workshop Evaluation Form	Duplicator Page 9

2. OTHER MATERIALS:

No other materials are needed

PHYSICAL ARRANGEMENTS NEEDED

A room with movable chairs sufficient to organize participants in pairs. Tables are not a necessity for this activity but can assist the participants when they are filling out their Group Reaction Sheets.

PROCEDURE

1. If you will be using a pre-test (Content Evaluation), you should administer it at the very beginning.

2. Organize and seat participants in pairs.

3. Introduce activity:

   "During this activity you and your partner will be simulating a series of teacher/learner interactions. In each simulation, one of you will be the teacher and one of you will be the learner. The activity is designed to examine teaching procedures that can be used with learners who have communication disorders. The first two activities deal with learners who can receive instruction only through the auditory channel. The next two simulate a learner who can receive only through the visual channel. And the last two deal with kinesthetic reception of information.

   Each of you will be receiving a booklet that provides complete instructions for each part of the activity. Look over your booklet carefully before beginning. During each part of the activity, you and your partner will always be on the same page number. Do NOT share the information in your booklet with your partner unless the instructions so specify.

   Each pair will also receive a Group Reaction Sheet. Your booklets will instruct you when to fill out sections of this sheet."

4. Hand out booklets and Group Reaction Sheet.

   (NOTE: One member in group gets an "A" booklet and the other member gets a "B" booklet.)

5. Instruct participants to begin. Tell them to finish each part of the activity before moving on to the next.

6. During the activity, move around the room and observe the simulations. Offer assistance to any pair(s) that seem to be having problems.

7. Group Discussion.

8. Post test (see the last pages of this guide for content evaluation and workshop evaluation forms).

DISCUSSION GUIDE

During the discussion have participants share their experiences with the rest of the group.

--Which parts of the activity were the easiest? (visual, auditory, kinesthetic) Why?

--Which pairs had problems with the activity because they didn't follow directions? How is this like a real teaching situation?

--Share responses to the Group Reaction Sheet. What procedures seemed to really help communication? Hinder communication?

--How does this activity transfer to what you are doing in your own classrooms? What will you be doing differently with your students after participating in this activity?

EVALUATION

Two forms are provided which can be used to help you gather data on content learning and the workshop activity itself. On the content evaluation form we have included in italics those answers most frequently occurring during our field testing of the kit. Perhaps they will assist you to evaluate your workshop responses.

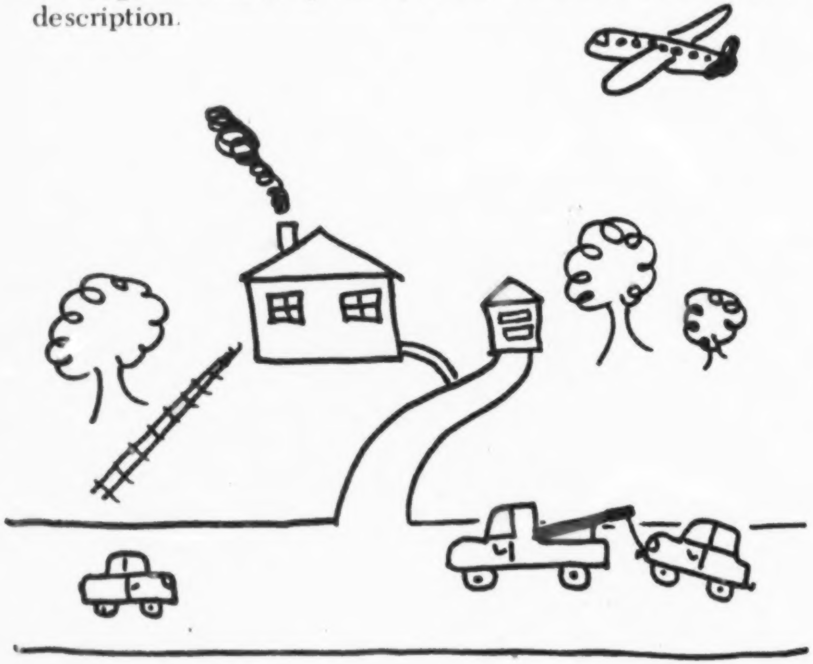
A1

TEACHING ACTIVITY #1

Your task is to communicate this picture to your partner *without* using any visual means. In other words, you must verbally communicate this information.

Begin by having your partner turn his back to you. Then, begin your instruction.

You have 2 minutes. After the time is up, have your partner reproduce the picture on his page. Your partner should not begin his drawing until you have finished your verbal description.



When finished, complete the first part of the Group Reaction Sheet with your partner.

B1

FEEDBACK SHEET—ACTIVITY #1

In the space below, draw the picture that your partner has verbally communicated to you. Wait until your partner has finished describing the picture before you begin your drawing.

When finished, complete the first part of the Group Reaction Sheet with your partner.

A2

FEEDBACK SHEET—ACTIVITY #1

In the space below, draw the picture that your partner has verbally communicated to you. Wait until your partner has finished describing the picture before you begin your drawing.

How did this second attempt work? Discuss it with your partner.

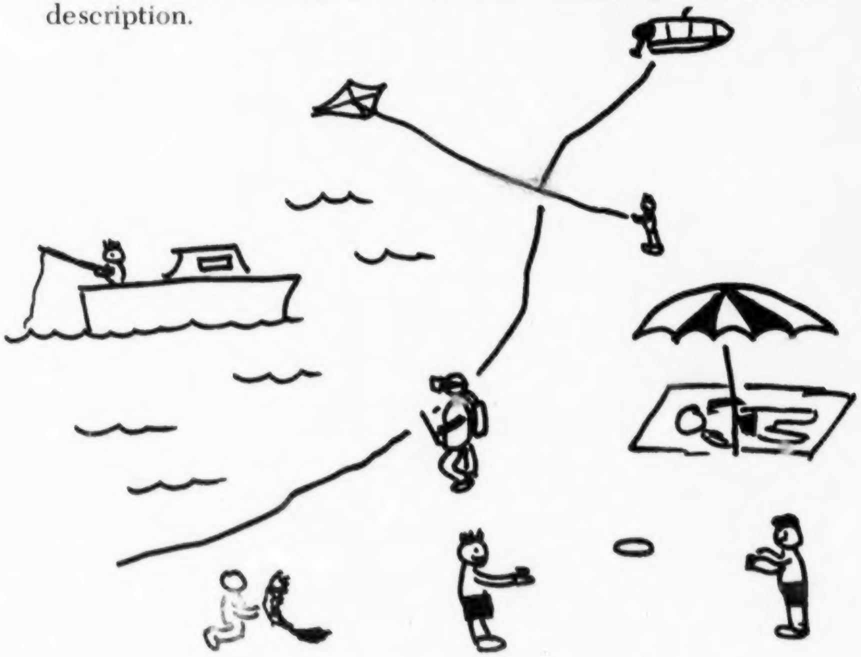
B2

TEACHING ACTIVITY #1

Your task is to communicate this picture to your partner *without* using any visual means. In other words, you must verbally communicate this information.

Begin by having your partner turn his back to you. Then, begin your instruction.

You have 2 minutes. After the time is up, have your partner reproduce the picture on his page. Your partner should not begin his drawing until you have finished your verbal description.



How did this second attempt work? Discuss it with your partner.

A3

Your partner will be visually communicating a concept to you. Try and figure out the concept. When your partner is finished, tell him/her the concept that has been communicated.

When finished, complete the second part of the Group Reaction Sheet with your partner.

B3

TEACHING ACTIVITY #2

Your task is to communicate the concept "OVER" to your partner *without* using any verbal language. In other words, you must visually communicate this concept.

You have 2 minutes. After the time is up, ask your partner to tell you what has been communicated. You can *not* talk while you are communicating.

When finished, complete the second part of the Group Reaction Sheet with your partner.

A4

TEACHING ACTIVITY #2

Your task is to communicate the concept "BESIDE" or "NEXT TO" to your partner *without* using any verbal language. In other words, you must visually communicate this concept.

You have 2 minutes. After the time is up, ask your partner to tell you what has been communicated. You can *not* talk while you are communicating.

How did this second attempt work? Discuss it with your partner.

B4

Your partner will be visually communicating a concept to you. Try and figure out the concept. When your partner is finished, tell him/her the concept that has been communicated.

How did this second attempt work? Discuss it with your partner.

A5

TEACHING ACTIVITY #3

Your task is to communicate the concept "DOWN" to your partner *without* using any verbal or visual communication. In other words, you must communicate entirely through physical means.

Begin by having your partner turn his back to you. Then, begin your instruction.

You have 2 minutes. After the time is up, ask your partner to tell you what has been communicated.

When finished, complete the third part of the Group Reaction Sheet with your partner.

B5

Your partner will be communicating a concept to you by physical means. (No verbal or visual communication.) Try and figure out the concept.

When finished, complete the third part of the Group Reaction Sheet with your partner.

A6

Your partner will be communicating a concept to you by physical means. (No verbal or visual communication.) Try and figure out the concept.

How did this second attempt work? Discuss it with your partner.

B6

TEACHING ACTIVITY #3

Your task is to communicate the concept "JUMP" to your partner *without* using any verbal or visual communication. In other words, you must communicate entirely through physical means.

Begin by having your partner turn his back to you. Then, begin your instruction.

You have 2 minutes. After the time is up, ask your partner to tell you what has been communicated.

How did this second attempt work? Discuss it with your partner.

GROUP REACTION SHEET

TEACHING ACTIVITY #1—AUDITORY COMMUNICATION

What instructional procedures helped the communication?

What instructional procedures hindered the communication?

TEACHING ACTIVITY #2—VISUAL COMMUNICATION

What instructional procedures helped the communication?

What instructional procedures hindered the communication?

TEACHING ACTIVITY #3—KINESTHETIC COMMUNICATION

What instructional procedures helped the communication?

What instructional procedures hindered the communication?

__ Pre __ Post

CONTENT EVALUATION FORM

1. List three instructional practices that can help in communicating with learners who have communication problems.

Answers to Duplicator Page #8

___ Pre ___ Post

CONTENT EVALUATION FORM

1. List three instructional practices that can help in communicating with learners who have communication problems.

   --be systematic

   --present information in small "pieces"

   --try to get feedback from learner

   --present information in appropriate sequence

WORKSHOP EVALUATION FORM

1. The experience was:

    ___ a) worth the time spent

    ___ b) too long

    ___ c) too short

2. Do you think you were adequately prepared for the material presented?

    ___ Yes ___ No If no, explain.

3. How does this workshop enhance the skills of a teacher?

4. Comments

SELECTED BIBLIOGRAPHICAL REFERENCES

ON

LEARNING DISABILITIES

PROFESSIONAL REFERENCES AND JOURNALS

IDEA BOOKS FOR TEACHERS

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SERIES

These three series contain a wide variety of books that would be helpful to read. Write to the publishers for brochures listing the books.

1. DIMENSIONS SERIES: Inexpensive but excellent references, written by "experts" in the topical area. Includes titles such as Auditory Learning by Naomi K. Zigmond and Regina Cicci, Motor and Haptic Learning by Patrick A. O'Donnell, etc.

   Fearon Publishers
   Lear Siegler, Inc., Education Division
   6 Davis Drive
   Belmont, California 94002

2. KEPHART SLOW LEARNER SERIES: Contains 21 inexpensive to moderately priced books written by Newell Kephart and others who share his philosophy. Includes Kephart's Slow Learner in the Classroom considered a classic.

   Charles E. Merrill Publishing Co.
   A Bell & Howell Company
   1300 Alum Creek Drive
   Columbus, Ohio 43216

3. SPICE SERIES: Inexpensive books that contain ideas, games and activities. Have just become available in Ditto Master form also. Total of 10 books that relate to content and remedial areas. Spice (Language Arts), Probe (Science), Action (Physical Activities), etc.

   Educational Service, Inc.
   P.O. Box 219
   Stevensville, Michigan 49127

KITS

Special Education Teacher's Kit. Books and Instructional Materials. Denver, Colorado: Love Publishing Co., 1973. #7301 ($75.00)

Taylor, Frank D., et al. Motivating Reluctant Learners Kit--Teaching Strategies and Curriculum Materials. Denver, Colorado: Love Publishing Co., 1973. #7311.

SUPPLEMENTARY INFORMATION

--MEDIATED IN-SERVICE TRAINING MATERIALS--

The following list contains a representative sampling of current films and filmstrips in the area of learning disabilities. Emphasis varies and includes: prevention, diagnosis, remediation, classroom management, teaching strategies, later effects of, parental role, etc. All grade levels are represented, but majority of films focus on ages 4-8.

ADAPTATIONS OF PSYCHODIAGNOSTIC FINDINGS TO TEACHING MATERIALS
16mm, b/w, 20 min., $150.

William Cruickshank lectures briefly on developing body image concepts, followed by a demonstration by a teacher and children, over which are heard Cruickshank's evaluation and explanatory commentary. Emphasis is on teacher-made materials for use with learning disabled children.

Barbre Products, Inc., 2130 South Bellaire Street, Denver, Colorado 80222.

THE AGGRESSIVE CHILD
b/w, 30 min., $195. (Rental: $15.)

Philip, an intelligent 6 year old, is in constant trouble at home and in school because of fighting. The film examines the relationship between emotions and behavior.

Contemporary Films, McGraw-Hill, 330 West 42nd St., New York, N.Y. 10036.

ANYONE CAN: LEARNING THROUGH MOTOR DEVELOPMENT
27 min., color, $240.

The film demonstrates techniques for involving typical children in motor skills which enhance learning and improve self-image. (1968)

Bradley Wright Films, 309 N. Duane Ave., San Gabriel, Calif. 91775.

BEGINNINGS OF INDIVIDUALIZATION
28 min., color.

A presentation of the various exceptions that could be made, not as a rule, but by design in individualized instruction to accelerate the learning process.

Center for the Study of Innovations in Education.

BRIGHT BOY, BAD SCHOLAR
28 min., b/w, $150.

The film explores the problems of the 15% of all school children who have learning problems in the classroom, where they are expected to learn to write, read, remember, organize information, and handle abstract information. Repeated failures, it is stated, may lead to hostile and aggressive or withdrawn and shy behavior. The film demonstrates that these children can be taught.

McGraw-Hill Films, 330 W. 42nd Street, New York, N.Y. 10036.

CAMP WAGON WHEEL - "A PROGRAM FOR PERCEPTUAL DEVELOPMENT"
25 min., 16mm.

Depicts scenes of the program at Camp Wagon Wheel; in Caldwell, Texas. The film shows the perceptual development program and camping program devoted to the needs of children with learning disabilities.

Camp Wagon Wheel, P.O. Box 442, Caldwell, Texas.

CAN I COME BACK TOMORROW
50 min., color, $220.

The film shows classroom management and teaching techniques with educationally handicapped students in one of the classrooms in the Learning and Behavior Problems Project at California State College, Los Angeles.

California State College at Los Angeles, Learning and Behavior Problems Clinic, 5151 State College Drive, Los Angeles, Calif. 90032.

THE CHILD FEW PEOPLE UNDERSTAND
24 min.

The problems and treatment of dyslexic children with perceptual problems are explained.

Coral Gables Academy, 340 Sevila Avenue, Coral Gables, Florida.

CHILDREN LOST IN SPACE
31 min., b/w, (Rental: $5.00)

This film concerns the educationally handicapped child, how his parents, as part of the educational team, help the child and themselves.

Society for Brain-Injured Children, 2303 N. 49th St., Room #5, Milwaukee, Wisconsin 53210.

CLAUDE
3 min., color, (Rental: $2.25)

Animated story of a very quiet little boy, a strange box which he builds and carries with him, and his cardboard parents who harass him and continually ask, "Claude, can't you do anything?" Claude finally presses a lever on the box and his parents disappear. A comment on the silent but creative person and how he is frequently misunderstood.

Pyramid Films.

THE CREATIVE KINDERGARTEN
40 min., color, $475. (Rental: $40.00)

This film shows an individualized program, based on diagnostic tests and prescriptive programs, in which the objectives are to develop each child's creative potential and maximize his chances for success in his later education. The program is based on the premise that prevention of failure is not only more economical of resources, but it is more humane.

Soundings, 2150 Concord Boulevard, Concord, Calif. 94520.

DEMONSTRATION OF DYNAMIC TEACHING TECHNIQUES
16 mm, 20 min., color, free.

After a brief lecture on changing behavior by changing environmental variables, Siegfried Engelmann works with children on number place values and directional concepts. The children's enthusiasm and his style of teaching are well portrayed.

Barbre Productions, Inc., 2130 South Bellaire St., Denver, Colorado 80222.

THE DROPOUT
29 min., b/w, $185. (Rental: $12.50)

Dramatizes the causes and consequences of dropout through the story of one of thousands of youngsters who leave school each year. Shows how a typical community, through remedial reading programs, work experience programs and other activities may tackle the dropout problem.

International Film Bureau, Inc., 332 S. Michigan Ave., Chicago, Illinois 60604.

EARLY RECOGNITION OF LEARNING DISABILITIES
30 min., color, $99.50

Children who have learning disabilities stand out vividly in daily classroom activities during their early school years, as do their problems. Interviews with parents and teachers emphasize that it is urgent to: recognize learning disabilities early and provide extra teaching needed in time to achieve full educational potential.

Free loan from: National Medical Audiovisual Center (Annex), Station K, Atlanta, Georgia 30324.

EVERYBODY WINS
22 min., color, $210. (Rental: $25.00)

Dr. O. William Blake, a nationally known physical educator, demonstrates: How to help all children develop the fundamental physical education skills--catching, throwing, kicking, running. How to present activities in a developmental sequence. How to manage a large class and keep every child actively learning. How to analyze individual problems and give specific help. How to use special materials to help the fearful or handicapped child.

Bradley Wright Films, 309 N. Duane Ave., San Gabriel, Calif.
91775.

THE EXCEPTIONAL CHILD
26 min., color, $330. (Rental: $15.00)

New and encouraging methods of treatment and therapy have been developed for the perceptually handicapped and brain damaged child. For many years children with minimal brain damage were grouped with the retarded and did not receive special training. Now, through programs of exercise and counseling, these children can be helped.

NBC Educational Enterprises, 30 Rockefeller Plaza, New York,
N.Y. 10020.

GROSS MOTOR DEVELOPMENT--PART I and PART II
7 min. each, color, Part I - $120.00, Part II - $75.00.
(Return postage rental)

Illustrates bouncing ball activities--varying body positions, rhythm, and size of ball--PART I. PART II illustrates skipping and jumping with a hula hoop, ladder activities, and crawling through tunnels. Both parts designed for children having coordination problems.

Sterling Education Films, 241 East 34th St., New York, N.Y.
10016.

HELP IN AUDITORY PERCEPTION
36 min., b/w.

The introduction of three students with a brief diagnostic statement of the learning problems, survey of the severity of the problem and a description of materials and tasks assigned to the students for independent study.

New York State Education Department, Division for Handicapped
Children, Special Education Instructional Materials Center,
800 North Pearl Street, Albany, New York 12204.

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HORIZON OF HOPE
15 min., color, $180. (Rental: $13.00)

A new film which describes the work being done with learning disabled children at the UCLA Neuropsychiatric Institute. Examines the many cases of learning problems and shows the children in a varied number of learning situations including image recognition, self awareness, and language development.

University of California, Extension Media Center, Berkeley, California 94720.

THE HYPERACTIVE CHILD
33 min., color, $190.

Authorities from England and America discuss and demonstrate the dilemma of the hyperactive child. The film shows preschoolers, a structured classroom, motor exercises, and views of a teenager and an 11 year old. Various theories of causation are propounded.

CIBA, Publications Dept., P.O. Box 195, Sumitt, New Jersey, 07901.

I CAN LEARN
25 min., b/w, $90.

Explores recent psychological and medical advances made in the field of learning disabilities. The film also serves as an introduction in identifying types of learning disabilities.

Film & Videotape Laboratories, Inc., 1161 N. Highland Ave., Hollywood, Calif. 90038.

I'M NOT TOO FAMOUS AT IT (The Learning Series)
28 min., b/w, $195.

The children in this film exhibit the many and varied behavioral problems generally associated with learning disability. There are great gaps in knowledge of the body. This is a primary learning job. If a child does not know himself in physical terms, how he is put together and functions, he will be unable to attain coordination of his large muscles, or of his eyes or hands, or to develop fine motor movements.

McGraw-Hill Book Company, Film Division, Lowell House 204, 88 West Schiller, Chicago, Illinois 60610.

I'M REALLY TRYING
50 min., color

A segment of the Marcus Welby, M.D. TV show about a learning disabled boy whose father thought his mother was spoiling him and all he needed was a good "military school".

ACLD, 2200 Brownsville Road, Pittsburgh, Pa. 15210.

THE IMPROBABLE FORM OF MASTER STURM--THE NONGRADED HIGH SCHOOL

13 min., color, $125. (Rental: $7.50)

This film shows a high school which has been nongraded for more than ten years. Individual rather than group needs are shown as important aspects of the nongraded curriculum. The basic premise is that with proper guidance the individual, whether slow, average, or superior, can transform his school experiences into one of inquiry, curiosity, and problem-solving.

Idea, P.O. Box 446, Melbourne, Florida 32901.

IT FEELS LIKE YOU'RE LEFT OUT OF THE WORLD (The Learning Series)

28 min., b/w, $195.

The frustration, loneliness, feelings of rejection and worthlessness of the child who is different because he does not learn easily are expressed by the children themselves. Psychologically, they feel so small and worthless that it is not infrequent to hear them say to their parent, "Don't you wish you never had me?"

The parents in the film speak of their own frustration in getting help for their children. They literally shop around, looking for someone who can work with their children and bring about results.

One of the central themes of the film is that the self-esteem of a child with learning disability is in severe jeopardy. (Low opinion of self, fear of failure can lead to withdrawal from learning or active aggression against unfriendly forces of the environment crowding the child.)

Several guidelines for a sensible approach to the children are given.

McGraw-Hill Book Company, Film Division, Lowell House 204,
88 West Schiller, Chicago, Illinois 60610.

THE JOY OF LEARNING

28 min., color.

This film deals with an introduction to the Montessori School. It traces Dr. Montessori's discoveries, and the Montessori classroom as a prepared environment.

Columbia Forum Products, Ltd., 10621 Fable Row, Columbia,
Maryland 21043.

JULIA

10 min., color.

This film traces the procedures to be followed in the identification, testing, and eventual diagnosis, treatment, and placement of a child who is not responding socially, emotionally, or academically in an elementary classroom. Program modification by the teacher is shown to be a dynamic variable in the child's overall scholastic adjustment after the proper diagnosis has been made.

Holt, Rinehart and Winston, Inc., 383 Madison Ave., New York,
N.Y. 10017.

LANGUAGE DEVELOPMENT: I. THE DEVELOPMENT OF THE COMMUNICATION PROCESS
36 min., $85.

The role of language development and the attainment of the essential landmarks in communicative skills among pre-school and school-age children are elucidated. Verbalization is seen as one ingredient in the development of the total language continuum and its malfunction in the young child is seen as a precursor of learning disability in school-age children. Nature and characteristics of symbol usage are clarified in the manner in which the language of the learning-disabled child departs from the normal course of symbolic acquisition. The learning process is discussed in terms of three interrelated sequences: as depicted in the language model, these consist in decoding, central organization or concept-symbol association and expression or encoding.

LANGUAGE DEVELOPMENT: II. THE EVALUATION OF VERBAL SKILLS
36 min., $85.

In the second presentation, a typical learning disabled child is examined from the point of view of establishing essential information for remedial planning in relation to skill development on each of these three interrelated sequences The value of such diagnosis and its application to the remedial process is clarified.

Milton Brutten, Ph.D., Co-Founder and Clinical Director, Vanguard Schools, Haverford and Paoli, Penna., Ft. Lauderdale, Lake Wales, Coconut Grove, Florida.

LEARNING IS OBSERVING
20 min., color, $220. (Rental: $35.00)

An Early Childhood Education film for teachers, teacher aides, specialists in teacher education. A valuable resource for teachers of children with perceptual and learning problems.

Bradley Wright Films, 309 N. Duane Ave., San Gabriel, Calif. 91775.

LET'S LOOK AT SOUNDING OUT
8 min., b/w, $75. (Rental: $10.00)

This film presents the highlights of an evaluation of the phonic skills of a disabled reader, administered individually at the Psycho-Educational Center at the Coney Island Hospital. The evaluation of phonic skills is one part of a broad psycho-educational battery that is used for prescriptive teaching.

Lillie Pope, Ph.D., Director, Psycho-Educational Division, Coney Island Hospital, Brooklyn, New York 11235.

LOOPS TO LEARN BY
25 min., b/w.

Incorporates the important principles of repetition, activity, surprise and fun to help young students develop a variety of skills. It is directly concerned with children who have learning disabilities and the people who work with them.

McGraw-Hill Films, 330 West 42nd St., New York, N.Y. 10036.

MADISON SCHOOL PLAN
18 min., color, $180. (Rental: $25.00)

Describes an innovative Learning Center concept in which regular students and exceptional children intermingle. Instructional program linked to a continuous assessment of educational variables.

Aims Instructional Media Services, Inc., P.O. Box 1010,
Hollywood, Calif. 90401.

MAKE A MIGHTY REACH
45 min., color, $300. (Rental: $15.00)

The dramatic changes taking place in American education serve as the focal point of this film. Major emphasis is directed to the concept that new ideas in education must be channeled to making learning easier and more efficient by concentrating more on the individual's abilities.

Idea, P.O. Box 446, Melbourne, Florida 32901.

MEET LISA
5 min., color, $85. (Rental: $15.00)

This is a personal statement reflecting the world as seen through the eyes of a brain-injured child. Helps others to better understand the potential and meet the needs of such children. This film is a "must-see" for everyone!

Aims Instructional Media Services, Inc., P.O. Box 1010,
Hollywood, California 90028.

MOTORIC AIDS TO PERCEPTUAL TRAINING
16 mm, 20 min., color.

N.C. Kephart lectures briefly on the "Purdue Motor Perceptual Survey," and then, with this introduction, moves into demonstrations with children of observation points on the Survey. An excellent introduction on testing, the film is cheerfully acted and laced with excellent questions for the observer, which are then elaborated upon with review and extension of the concepts.

Barbre Productions, Inc., 2130 S. Bellaire St., Denver, Colorado 80222.

NO REASON TO STAY
28 min., b/w. (Rental: $14.00)

This film discusses the topic of the mental drop-out, old teaching methods and new needs.

Contemporary Films, McGraw-Hill, 330 West 42nd St., New York,
N.Y. 10036.

OLD ENOUGH BUT NOT READY (The Learning Series)
28 min., b/w, $195.

The children in this film are old enough and bright enough to go to regular school, but as early as first grade they are having difficulty in learning. Difficulties show up as soon as demands are made the child who cannot follow directions, the boy who does not know his right hand from his left and who cannot hold a pencil securely. Roughly 10% of all children in school form this group.

McGraw-Hill Book Company, Film Division, Lowell House 204,
88 West Schiller, Chicago, Illinois 60610.

PARTNERS IN LEARNING
45 min., color, $285.

Shows the variety of ways typical classroom teachers are attempting to assist pupils with learning disabilities in a large suburban school district. This film is one of the projects started by Dr. Donald Mahler and is an effort to meet in-service teacher training needs.

Bradley Wright Films, 3035 Benvenue Ave., Berkeley, Calif.
94605.

PERCEPTUAL DEVELOPMENT: I. EDUCATIONAL PROGRAMS ROOTED IN CHILD DEVELOPMENT
37 min., $85.

This presentation emphasizes that every educational program for children with any degree of learning disability must be individually prescribed. The classroom teacher must become a skillful diagnostician of children's developmental levels and the observable signs of preacademic readiness.

PERCEPTUAL DEVELOPMENT: II. WRITING THE EDUCATIONAL PRESCRIPTION
43 min., $97.

This kinescope presents a basic conceptual model that will permit the entire team and/or the classroom teacher to build a developmental program that will fill the educational prescription written for each child. It illustrates sample activities available to every teacher of children with learning disabilities in each of the developmental levels of the conceptual model, with guidelines for the appraisal of the performance being demonstrated by each child.

Gerald N. Getman, O.D., D.O.S., Director of Research in Child Development, The Pathway School, Norristown, Penna.

PREVENTING READING FAILURE
27 min.

The film is good for children with learning problems. Teacher screening; informal reading tests; readiness activities, discrimination; sequencing; and individualized materials are employed.

AIMS, Instructional Media Services, Inc., P.O. Box 1010,
Hollywood, California 90028.

PRIOR AND PRESENT EXPERIENCE
30 min., b/w, $150. (Rental: $7.25)

Points out the need for careful consideration by the teacher of the often unnoticed differences between students' and teachers' backgrounds, as shown in the language used and the assumptions made.

Indiana University, Audio-Visual Center, Bloomington,
Indiana 47401.

PROVIDING FOR INDEPENDENCE IN LEARNING
30 min., b/w, $150. (Rental: $7.25)

Outlines the need for giving children guided opportunities to learn on their own, providing them with the skills needed to "learn what to see" and "learn to listen".

Indiana University, Audio-Visual Center, Bloomington,
Indiana 47401.

PUBLIC SCHOOL PROGRAMS FOR THE LEARNING DISABILITIES
15 min., color, $275.

Public School Programs for the Learning Disabilities discusses results of learning disabilities and how a learning disability affects the learning process. The film discusses various methods and techniques used in treating all aspects of learning disabilities.

Continental Films, 2320 Rossville Boulevard, P.O. Box 6543,
Chattanooga, Tennessee 37408.

THE PUZZLING CHILDREN
20 min., b/w, $125.

A documentary film produced for CANHC, deals with the problems of learning disabilities, and shows how an organization such as CANHC meets these needs.

CANHC Movie Distribution, 6061 West 75th Place, Los Angeles,
California 90045.

THE QUIET ONE

68 min., b/w, $400. (Rental: $25.00)

This film is about an unloved child lost in loneliness who drifts into delinquency. It is a rich storehouse of information and ideas on the causes and effects of juvenile delinquency.

Contemporary Film, McGraw-Hill, 330 West 42nd Street, New York, N.Y. 10036.

THE REMARKABLE SCHOOL HOUSE

25 min., color, $325. (Rental: $18.00)

This film examines the "education explosion", increasingly overcrowded classrooms, shortages of teaching personnel, and the wide range of individual student differences in learning ability.

McGraw-Hill Films, 330 West 42nd Street, New York, N.Y. 10036.

SANTA MONICA PROJECT

28 min., color, $280.

Shown is how Santa Monica, California has handled the problem of educationally handicapped children by placing them in special classroom and rewarding the child at the end of each week.

AIMS, Instructional Media Services, Inc., P.O. Box 1010,
Hollywood, California 90028.

THE SCHOOL DAZE OF THE LEARNING DISABILITY CHILD

45 min., $60.

This is a two part sound film strip program which explores and explains the basic handicaps of the L.D. child, how they create interpersonal problems at home and school, and what might be done to overcome their effects.

Alpern Communications, 220 Gulph Hill Road, Radnor, Pa. 19087.

STRESS: PARENTS WITH A HANDICAPPED CHILD

30 min., b/w, $195. (Rental: $15.00)

This film is about the problems of bringing up handicapped children. Particular causes of stress are examined as they affect any family with a handicapped child.

Contemporary Films, McGraw-Hill, 330 West 42nd St., New York, N.Y. 10036.

TEACHING THE LOST CHILDREN

28 min., b/w.

A neurologically handicapped child in the classroom is seen and her problems of behavior and learning are discussed by a panel.

CANHC, Santa Clara Chapter, Leo Diner Films.

TEACHING THE WAY THEY LEARN (The Learning Series)
29 min., b/w, $195.

The keynote of educating children with learning disabilities is believed to be precision. The basic operating principle is that if a child cannot do the job, the teacher must figure out what level of functioning he is on and start there with materials and procedures to help him take the small next steps in the desired direction.

TEACHING THE WAY THEY LEARN presents a series of learning episodes which illuminate a specific difficulty and portrays a specific approach to the remediation of that difficulty.

McGraw-Hill Book Company, Film Division, Lowell House 204,
88 West Schiller, Chicago, Illinois 60610.

THINKING, MOVING, LEARNING
20 min., color, $210. (Return postage rental)

Kindergarten class demonstrates a training program to improve motor skills, perceptual ability, and to develop confidence and strengthen self-image.

Bradley Wright Films, 309 North Duane Ave., San Gabriel,
California 91775

UP IS DOWN
6 min., color, $100. (Rental: $10.00)

Animated story about a boy who sees things differently. He walks around on his hands--a habit which upsets his family and community who attempt to force him to walk on his feet. A treatment of the themes of intolerance, conformity and the generation gap.

Pyramid Films.

VISUAL PERCEPTION
25 min., b/w, $59. (Return postage rental)

Ideas on teaching visual perception plus a very brief demonstration of Frostig materials.

University of the State of New York, The State Education
Dept., Albany, N.Y. 12224.

VISUAL PERCEPTION AND FAILURE TO LEARN
20 min., b/w, $120.

Depicted are difficulties in learning for children who have disabilities in visual perception. The film demonstrates the Marianne Frostig test and outlines a training program.

Churchill Films, 622 N. Robertson Blvd., Los Angeles, Calif.
90069.

VISUAL PERCEPTION TRAINING IN THE REGULAR CLASSROOM
20 min., b/w, $150.

Demonstrates an approach to preventing learning difficulties, and their inevitable emotional concomitants, by integrating training in visual perception with the regular curriculum at the pre-school, kindergarten and early elementary grade levels.

AIMS Instructional Media Services, Inc., P.O. Box 1010,
Hollywood, California 90028.

A WALK IN ANOTHER PAIR OF SHOES
18 1/2 min., color, $6.90.

This film strip, narrated by Tennessee Ernie Ford, explains some of the problems encountered by learning disabilities children to other children. The emphasis is on how it feels to be a handicapped child and how a normal child can be of assistance to a handicapped child.

CANHC Film Distribution, P.O. Box 1526, Vista, California 92083.

THE WAY IT IS
30 min., b/w, $200.

The film concerns the educationally disadvantaged at the junior high level.

NET Film Service, Indiana University, Terre Haute, Indiana 47809.

WHO IS THE LEARNING DISABLED CHILD
20 min.

Developed by Mrs. Emilie Boyd, this tape-slide presentation is used to aquaint those unfamiliar with learning disabilities. Part II, TECHNIQUES FOR HELPING THE LEARNING DISABLED CHILD (20 min.) deals with remediation. This series has been used to train volunteer teacher aides as well as college students.

Fairfax County Public Schools, 3911 Woodburn Rd., Annandale,
Va. 22003.

WHY BILLY COULDN'T LEARN
16 mm, color, 42 min., $186.

Presented is the story of an educationally handicapped child and the specialized school instruction available. Demonstrated are testing, parent counseling, and instruction techniques. A study guide is included.

CANHC Movie Distributors, 309 N. Duane Avenue, San Gabriel,
California 91775.

WHY CAN'T JIMMY READ?
15 min., b/w. $110. (Rental: $8.00)

Presented is the story of how Jimmy, a 4th grader reading at 2nd grade level, is helped by reading clinic personnel, and how he begins to improve his skills.

International Film Bureau Inc., 332 Michigan Ave., Chicago,
Illinois 60604.

SUPPLEMENTARY INFORMATION

--Instructional Materials--

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